


Michigan Department of Environmental Quality- Water Bureau
WASTEWATER DISCHARGE PERMIT APPLICATION
SECTION I - General Information

Section I shall be completed by all permit applicants. See Page iii for instructions on completing Section I, Pages 1 and 2. To submit additional information, see Page ii, Item 3.

<p>Water Bureau Use Only</p> <p>Receipt Number: _____</p> <p>Permit ID #: _____</p>	<p>Cashier Use Only: 37000-40535-9412-481000-00</p> <div style="text-align: center;"> <p>US EPA RECORDS CENTER REGION 5</p>  <p>474016</p> </div>
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PLEASE TYPE OR PRINT

1	NPDES PERMIT NUMBER N/A				
2. APPLICANT	Applicant Name Stephen Garbaciak Jr. on behalf of the Kalamazoo River Study Group				
	Address ARCADIS BBL			Address 2 or P.O. Box 30 W. Monroe St., Suite 1710	
	City Chicago	State IL	ZIP Code 60603		
	Telephone (with area code) (312) 332-4937 ext. 12		FAX (with area code) (312) 332-4434		
3. FACILITY	Facility Name 1 Former Plainwell Impoundment				
	Facility Name 2				
	Facility Name 3				
	Street Address (do not use a P.O. Box Number) Plainwell Dam, near 12 th Street				
	City Plainwell	State MI	ZIP Code 49080		
	Telephone (with area code) NA		FAX (with area code) NA		
4. CONTACTS	<input checked="" type="checkbox"/> Application Contact <input type="checkbox"/> Facility Contact <input type="checkbox"/> Discharge Monitoring Reports <input type="checkbox"/> Storm Water Billing <input type="checkbox"/> Biosolids Billing <input type="checkbox"/> NPDES Annual Billing		First Name Steve		Last Name Garbaciak
			Title Vice President		Business ARCADIS U.S., Inc.
			Address 1 30 W. Monroe St.		Address 2 Suite 1710
			City Chicago	State IL	ZIP Code 60603
			Telephone (with area code) (312) 332-4937, ext. 12		FAX (with area code) (312) 332-4434
			e-mail address steve.garbaciak@arcadis-us.com		
	<input type="checkbox"/> Application Contact <input type="checkbox"/> Facility Contact <input type="checkbox"/> Discharge Monitoring Reports <input type="checkbox"/> Storm Water Billing <input type="checkbox"/> Biosolids Billing <input type="checkbox"/> NPDES Annual Billing		First Name		Last Name
			Title		Business
			Address 1		Address 2
			City	State	ZIP Code
			Telephone (with area code)		FAX (with area code)
			e-mail address		
	<input type="checkbox"/> Application Contact <input type="checkbox"/> Facility Contact <input type="checkbox"/> Discharge Monitoring Reports <input type="checkbox"/> Storm Water Billing <input type="checkbox"/> Biosolids Billing <input type="checkbox"/> NPDES Annual Billing		First Name		Last Name
			Title		Business
			Address 1		Address 2
			City	State	ZIP Code
			Telephone (with area code)		FAX (with area code)
			e-mail address		

Michigan Department of Environmental Quality- Water Bureau
WASTEWATER DISCHARGE PERMIT APPLICATION
SECTION I - General Information

PLEASE TYPE OR PRINT

FACILITY NAME Former Plainwell Impoundment	NPDES PERMIT NUMBER N/A
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5. PERMIT ACTION REQUESTED (Check one box only) - Instructions for this item are on Page iii.

☒ **NEW USE** A proposed discharge OR an existing discharge that is currently unpermitted.

☐ **REISSUANCE** of current permit.

☐ **MODIFICATION** of current permit. Attach a description of the proposed modification.

Note: Applications for **New Use** discharges and applications for either **Reissuance** or **Modification** that include an increased loading of pollutants to the receiving water are required to submit a Rule 98 Demonstration with the Application. See Item 6.

6. RULE 98 - ANTIDegradation REQUIREMENTS - Instructions for this item are on Page iii.

In accordance with Rule 323.1098 of the Michigan Water Quality Standards, the applicant is required to submit an Antidegradation Demonstration for any new or increased loading of pollutants to the surface waters of the state. An Antidegradation Demonstration must contain the information specified in Rule 1098, Antidegradation section of the Appendix. For assistance completing this item, contact the Permits Section.

Will this discharge be an increased loading of pollutants to the surface waters of the state?

☐ Yes. Submit an Antidegradation Demonstration.

☒ No. Continue with Item 7.

7. ADDITIONAL FACILITY LOCATION INFORMATION - Instructions for this item are on Page iii.

A Is the treatment facility within municipal boundaries? ☒ Yes ☐ No

B County Allegan				Township Gun Plain and Otsego	
C. Town 1N	Range 12W	Section 24	1/4	1/4, 1/4	Private (French) Land Claim
D. Latitude 42°27'21"N				Longitude 85°40'05"W	

8. CERTIFIED OPERATOR Does the facility have a DEQ certified operator? ☒ Yes ☐ No Instructions for this item are on Page iii.

First Name Contractor will provide certified operator.		Last Name	
Certification Number		Certification Classification(s)	
Address 1		Address 2	
City		State	Zip Code
Telephone Number	Fax Number	e-mail address	

9. OTHER ENVIRONMENTAL PERMITS

Provide the information requested below for any other federal, state, or local environmental permits in effect or applied for at the time of submittal of this Application form; including, but not limited to, permits issued under any of the following programs: Air Pollution Control, Hazardous Waste Management, Wetlands Protection, Soil Erosion and Sedimentation Control, and other NPDES permits. To submit additional information, see Page ii, Item 3.

Issuing Agency	Permit or COC Number	Permit Type

Michigan Department of Environmental Quality- Water Bureau
WASTEWATER DISCHARGE PERMIT APPLICATION
SECTION I - General Information

PLEASE TYPE OR PRINT

FACILITY NAME Former Plainwell Impoundment				NPDES PERMIT NUMBER N/A			
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10. WATER FLOW DIAGRAM AND NARRATIVE DESCRIPTION

Provide a flow diagram (using 8½" x 11" paper if possible) showing the wastewater flow through the facility (from intake through discharge), including all processes, treatment units, and bypass piping, and include a narrative description that explains the diagram. Show all operations contributing wastewater and the locations of flow meters, chemical feeds, and monitoring and discharge points. The water balance shall show the daily average flow rates at the intake and discharge points, and approximate daily flow rates between treatment units, including influent and treatment rates. Use actual measurements whenever available, otherwise use the best estimate. Show all significant losses of water to products, atmosphere, and discharge. In addition, provide a flow diagram for any storm water discharges from secondary structures that are required by state or federal law, and for storm water runoff from any Site of Environmental Contamination, pursuant to Part 201 of the Michigan Act. **Do not send blueprints.**

Do the treatment facility processes described above include any lagoons or ponds used for wastewater treatment or storage? ☒ Yes ☐ No

If yes, include the ponds or lagoons in the flow diagram.

Municipal Facilities - Include a narrative that briefly describes the history of the wastewater treatment facility and collection system, including the initial construction, the facility improvements that have been made, future plans for upgrade, the location of all constructed emergency overflows, and other pertinent information.

Industrial and Commercial Facilities - The line diagram shall include all operations contributing wastewater, including process and production areas, sanitary flows, cooling water, and storm water runoff. **Also include a narrative** that provides a brief description of the nature of the business and the manufacturing processes.

ATTACH THIS INFORMATION TO THIS APPLICATION. PLEASE DO NOT BIND THIS INFORMATION.

11. MAP OF FACILITY AND DISCHARGE LOCATION

Provide a detailed map on 8½" x 11" paper showing the location of the existing or proposed facility, wastewater and biosolid treatment system(s), and wastewater monitoring and discharge points into receiving waters (including bypasses). Include the exact location of the wastewater monitoring and discharge point(s) and all areas through which the discharge flows (e.g., wetlands, open drains, storm sewers), if applicable, between the discharge point and the receiving water. If the discharge is to a storm sewer, label the storm sewer and show its flow path to the receiving water. Also include the location of any water supply intakes or wells, and groundwater monitoring wells. This map shall be a United States Geological Survey Quadrangle (7.5 minute series) or other map of comparable detail, scale, and quality (which shows surface water bodies, roads, bathing beaches, and other pertinent landmarks). **The minimum area this map shall encompass is approximately one mile beyond the property boundaries.**

ATTACH THIS INFORMATION TO THIS APPLICATION.

12. CONTRACT LABORATORIES THAT PROVIDE ANALYTICAL SUPPORT

Provide the name and address of each contract laboratory or consulting firm that performed any analyses submitted as part of this Application. To submit additional information, see Page ii, Item 3.

Laboratory Name			Laboratory Name		
Street Address			Street Address		
City	State	ZIP Code	City	State	ZIP Code
Telephone (with area code)	Fax (with area code)		Telephone (with area code)	Fax (with area code)	
Analysis Performed			Analysis Performed		

Laboratory Name			Laboratory Name		
Street Address			Street Address		
City	State	City	State	City	State
Telephone (with area code)	Fax (with area code)		Telephone (with area code)	Fax (with area code)	
Analysis Performed			Analysis Performed		

FACILITY NAME Former Plainwell Impoundment		NPDES PERMIT NUMBER N/A	
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Michigan Department of Environmental Quality- Water Bureau

SECTION I - General Information

13. LIST ADJACENT PROPERTY OWNERS

List the names and mailing addresses of all property owners for all properties adjacent to the facility, treatment systems, and discharge locations. For vacant lots or empty buildings supply the owners mailing address not the lot or building property address. To submit additional information, see Page ii, Item 3.

[illegible]

FACILITY NAME
Former Plainwell Impoundment

NPDES PERMIT NUMBER	N/A
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Michigan Department of Environmental Quality- Water Bureau
WASTEWATER DISCHARGE PERMIT APPLICATION
SECTION I - General Information

PLEASE TYPE OR PRINT

14. STORM WATER DISCHARGES

Facilities that discharge storm water must provide the following information. (Please Note: The following discharges are also covered by storm water authorization, provided they are addressed in the facility's Storm Water Pollution Prevention Plan [SWPPP]): Discharges from fire hydrant flushing; potable water sources, including water line flushing; fire system test water; irrigation drainage; lawn watering; routine building wash down which does not use detergents or other compounds; pavement wash waters where spills or leaks of toxic or hazardous materials have not occurred (unless all spilled material has been removed) and where detergents are not used; air conditioning condensate; springs; uncontaminated ground water; and foundation or footing drains where flows are not contaminated with process materials such as solvents. **Unless otherwise specified answer the following questions.**

A. Is the storm water from this facility discharged to the waters of the state either directly or through another conveyance? Note: If storm water is discharged to a municipal wastewater treatment system or a privately owned activated sludge treatment system check the "No" box.

☒ Yes.

☐ No. Continue with Item 15.

B. Is the facility identified in this application primarily engaged in an "industrial activity" as defined in 40 CFR 122.26(b)(14)?

☒ Yes.

☐ No. Continue with Item 15.

C. Are there any industrial activities or materials exposed to storm water at this facility? Storm water discharge requirements may be excluded from an NPDES permit when there are no industrial activities or materials exposed to storm water. To qualify, the applicant shall certify that the facility has met all the eligibility requirements to claim a condition of "no exposure". These requirements are found in the No-Exposure Certification form in the appendix. This form is also available on the DEQ's Internet Page. To access the form, go to <http://www.michigan.gov/deq>. In the left column click on WATER, click on Surface Water, click on Storm Water, in the middle column click on Industrial Program, then click on No Exposure Certification.

☒ Yes.

☐ No. Complete the No-Exposure Certification form, and submit it with this application. Continue with Item 15.

D. Does this facility have a current and up-to-date SWPPP?

☐ Yes.

☒ No. **Note: The applicant must complete this program element to receive storm water discharge authorization.**

E. Has the facility implemented the nonstructural controls described in the SWPPP?

☐ Yes.

☒ No. **Note: The applicant must complete this program element to receive storm water discharge authorization.**

F. Have all the structural controls described in the SWPPP been constructed and put into operation?

☐ Yes.

☒ No. **Note: The applicant must complete this program element to receive storm water discharge authorization.**

G. Does this facility have a certified industrial storm water operator who supervises the facility's storm water treatment and control measures included in the Storm Water Pollution Prevention Plan?

☒ Yes.

Contractor will provide
Storm Water Operator Name

Contractor will provide
Certification Number

☐ No. **Note: The applicant must complete this program element to receive storm water discharge authorization.**

H. Is any of the storm water discharged from (check all that apply):

☒ Secondary containment structures that are required by state or federal law. On a separate page, provide a list the materials that are stored in this area.

☒ Areas identified on Michigan's list of Sites of Environmental Contamination, pursuant to the Natural Resources and Environmental Protection Act, PA 451 of 1994, Part 201 (formerly 307).

I. The storm water from this facility discharges to the following receiving water(s): Kalamazoo River

Please note that applicants should provide any sample data taken of the storm water discharge as an attachment. To submit additional information, see Page ii, Item 3.

FACILITY NAME
Former Plainwell Impoundment

NPDES PERMIT NUMBER
N/A

Michigan Department of Environmental Quality- Water Bureau
WASTEWATER DISCHARGE PERMIT APPLICATION
SECTION I - General Information

PLEASE TYPE OR PRINT

FACILITY NAME Former Plainwell Impoundment	NPDES PERMIT NUMBER N/A
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15 CERTIFICATION
Rule 323.2114(1-4), promulgated under the Michigan Act, requires that this Application be signed as follows:

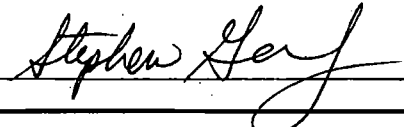
- A. For an organization, company, corporation, or authority, by a principal executive officer.
- B. For a partnership, by a general partner.
- C. For a sole proprietor, by the proprietor.
- D. For a municipal, state, or other public facility, by a principal executive officer or ranking elected official (such as the mayor, village president, city or village manager, or clerk).

Note: If the signatory is not listed above, but is authorized to sign the Application, please provide documentation of that authorization.

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for having knowledge of violations."

Print Name: Stephen Garbaciak Jr., P.E. Title: Vice President

Representing: ARCADIS U.S., Inc.

Signature:  Date: 1/18/07

This completes Section I. Publicly-Owned Treatment Works discharging sanitary and industrial wastewater to the surface waters, and privately-owned treatment works discharging sanitary wastewater to the surface waters should complete Section II. Privately-owned treatment works include, but are not limited to, Mobile Home Parks, Campgrounds, Condominiums, Hotels and Motels, Nursing Homes, etc. All other applicants should complete Section III. If assistance is needed completing this Application, contact the Permits Section.

Permit Application Submittal Checklist

Please confirm the following before submitting the application form:

- ☒ 1. Section I has been completed, including all diagrams, maps, and the treatment process narrative.
- ☒ 2. The Application has been signed as required above in Section I.15. (A.-D.) or a copy of the letter authorizing the signatory to sign the letter has been included.
- ☒ 3. Section II or Section III has been completed, including any additional information or submissions.
- ☒ 4. A check or Money Order for the appropriate application fee has been made out to the "State of Michigan and has been included with the application submittal.

Michigan Department of Environmental Quality- Water Bureau

WASTEWATER DISCHARGE PERMIT APPLICATION

SECTION III - Industrial and Commercial Wastewater

Section III is to be completed by all facilities classified as Industrial or Commercial facilities. Industrial and Commercial facilities include, but are not limited to, facilities that discharge or propose to discharge a wastewater generated by a production process, a service provided, or through a remediation project. Municipal and public facilities are not required to complete Section III (unless requesting authorization for discharges other than sanitary wastewater).

A. Facility Information

PLEASE TYPE OR PRINT

FACILITY NAME Former Plainwell Impoundment	NPDES PERMIT NUMBER N/A
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1. BUSINESS INFORMATION

A. Provide up to four Standard Industrial Classification (SIC) or North American Industry Classification System (NAICS) codes, in order of economic importance, which best describe the major products or services provided by this facility.

1. 4953	2.	3.	4.
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B. Indicate if this facility is a primary industry (refer to Table 1 of the Appendix to determine if this facility is a primary industry).

- ☐ Yes. This facility is a primary industry. Indicate the primary industry as identified in Table 1 of the Appendix: _____
- ☒ No. This facility is not a primary industry. Continue with Item C.

C. Is this facility a Concentrated Animal Feeding Operation (CAFO)?

- ☐ Yes. Continue with Section III.B.11.
- ☒ No. Continue with Item 2.

2. WATER SUPPLY AND DISCHARGE TYPE

A. Identify all water sources entering the facility and treatment systems, and provide average flows. The volume may be estimated from water supply meter readings, pump capacities, etc. Provide the name of the source where appropriate (i.e., Grand River, Lake Michigan, City of Millpond). To submit additional information, see Page ii, Item 3.

	Name and Location of Source	Average Volume or Flow Rate	Units
Municipal Supply			
Surface Water Intake			
Private Well			
Other:	precip/ponded water/washwater/excav wate	14,000 to 734,000	GPD

B. Identify water discharged by the facility and treatment systems, and provide average flows. If water is first used for one purpose and then is subsequently used for another purpose, indicate the type and amount of the last use. For example, if water is initially used for noncontact cooling water and then for process water, indicate the amount of process water. The amount of water from sources should approximate the amount of water usage. If they are different, provide an explanation.

	Average Flow Rate	Units		Average Flow Rate	Units
Process Wastewater	15	GPM	Sanitary Wastewater		
Contact Cooling Water			Regulated Storm Water	12	GPM
Noncontact Cooling Water			High Pressure Test Water		
Groundwater Clean-Up			Other: Dewater Cofferdams	500	GPM

Note: For A and B above, indicate units as MGD (million gallons per day), MGY (million gallons per year), GPD (gallons per day), or other appropriate unit.

Michigan Department of Environmental Quality- Water Bureau
WASTEWATER DISCHARGE PERMIT APPLICATION
 SECTION III - Industrial and Commercial Wastewater

B. Outfall Information

Complete a separate Section III.B. - Outfall Information (Pages 25-31) - for each outfall at the facility. Make copies of this blank section of the Application as necessary for additional outfalls.

PLEASE TYPE OR PRINT

FACILITY NAME Former Plainwell Impoundment				NPDES PERMIT NUMBER N/A		OUTFALL NUMBER 001	
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1. OUTFALL INFORMATION - Instructions for this item are on Page 23.

A.	Watershed Kalamazoo					HUC Code 04050003	
B.	Receiving Water Kalamazoo River						
C.	County Allegan				Township		
D.	Town	Range	Section	1/4	1/4, 1/4	Private (French) Land Claim	
E.	Latitude				Longitude		

F. Type of Wastewater Discharged (check all that apply to this outfall):

<input type="checkbox"/> Contact Cooling	<input type="checkbox"/> Groundwater Cleanup	<input type="checkbox"/> Hydrostatic Pressure Test	<input type="checkbox"/> Noncontact Cooling Water
<input checked="" type="checkbox"/> Process Wastewater	<input type="checkbox"/> Sanitary Wastewater	<input type="checkbox"/> Storm Water - not regulated	<input checked="" type="checkbox"/> Storm Water - regulated
<input type="checkbox"/> Storm water subject to effluent guidelines (indicate under which category): _____			
<input type="checkbox"/> Other - specify (see "Table 8 - Other Common Types of Wastewater" - in the Appendix) _____			

G. What is the Maximum Design Flow Rate for this outfall: 0.017 to 0.036 MGD

H. What is the Maximum Authorized Discharge Flow for this outfall for the next five years?

Seasonal Dischargers <u>0.70</u> MGY (Continue with Item I)
Continuous Dischargers _____ MGD (Continue with Item J)

I. Seasonal Discharge:

List the discharge periods (by month) and the volume discharged in the space provided below.

From May 2007	Through October 2007	Discharge Volume 0.7 MG	Annual Total
From	Through	Discharge Volume	
From	Through	Discharge Volume	
From	Through	Discharge Volume	

J. Continuous Discharge:

How often is there a discharge from this outfall (on the average)? _____ Hours/Day _____ Days/Year

Batch dischargers are required to provide the following additional information:

Is there effluent flow equalization? ☐ Yes ☐ No

Batch Peak Flow Rate: _____ Number of batches discharged per day: _____

	Minimum	Average	Maximum
Batch Volume (gallons)			
Batch Duration (minutes)			

Michigan Department of Environmental Quality- Water Bureau
WASTEWATER DISCHARGE PERMIT APPLICATION
SECTION III - Industrial and Commercial Wastewater

B. Outfall Information

PLEASE TYPE OR PRINT

FACILITY NAME Former Plainwell Impoundment	NPDES PERMIT NUMBER N/A	OUTFALL NUMBER 001
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2. PROCESS STREAMS CONTRIBUTING TO OUTFALL DISCHARGE

Federal Regulations require that different industries report different information depending on the type facility. The information below is used to determine the applicable federal regulations for this facility. An abbreviated list is in the Summary of Information to be reported by Industry Type section of the Appendix. Applicants are required to provide the name and the SIC or the NAICS code of each process at the facility. Facilities with production-based limits must report an estimated annual production rate for the next five years or the life of the permit. If the wastestream is not regulated under federal categorical standards, the applicant is required to report all pollutants which have the reasonable potential to be present in the discharge. To submit additional information, see Page ii, Item 3.

PROCESS INFORMATION

A. Name of the process contributing to the discharge: Ponded water, wash water, excavation water, and storm water

B. SIC or NAICS code: N/A

C. Describe the process and provide measures of production:
Process waters and collected storm water will be treated by settling, filtration, and carbon adsorption and discharged to the Kalamazoo River. The discharge locations will be determined during construction.

PROCESS INFORMATION

A. Name of the process contributing to the discharge: _____

B. SIC or NAICS code: _____

C. Describe the process and provide measures of production:

PROCESS INFORMATION

A. Name of the process contributing to the discharge: _____

B. SIC or NAICS code: _____

C. Describe the process and provide measures of production:

PROCESS INFORMATION

A. Name of the process contributing to the discharge: _____

B. SIC or NAICS code: _____

C. Describe the process and provide measures of production:

PROCESS INFORMATION

A. Name of the process contributing to the discharge: _____

B. SIC or NAICS code: _____

C. Describe the process and provide measures of production:

Michigan Department of Environmental Quality- Water Bureau
WASTEWATER DISCHARGE PERMIT APPLICATION
 SECTION III - Industrial and Commercial Wastewater

B. Outfall Information

PLEASE TYPE OR PRINT

FACILITY NAME Former Plainwell Impoundment	NPDES PERMIT NUMBER N/A	OUTFALL NUMBER 001
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3. EFFLUENT CHARACTERISTICS - CONVENTIONAL POLLUTANTS - Instructions for this item are on Page 26.

Existing facilities are required to report data from effluent analysis for the parameters listed below. **For analytical test requirements, or if alternate test procedures for any parameter listed below have been approved, see Page ii, Item 5**

New facilities are required to provide estimated effluent concentrations for the parameters listed below. (See the Definition Section in the Appendix for sampling definitions, including "maximum daily concentration" and "maximum monthly concentration.")

☒ Check this box if additional information is included as an attachment. To submit additional information, see Page ii, Item 3.

Please Note: Rule 323.1062 allows the use of either Escherichia Coliform Bacteria or Fecal Coliform Bacteria as an indicator that effluent has been disinfected. The Department will use the indicator selected below in the permit issued based on this Application.

☐ Use Escherichia Coliform Bacteria as an indicator of disinfection.

☐ Use Fecal Coliform Bacteria as an indicator of disinfection.

Parameter	Maximum Monthly Concentration	Maximum Daily Concentration	Units	Number of Analyses	Sample Type
Biochemical Oxygen Demand – five day (BOD ₅)			mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
Chemical oxygen demand (COD)			mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
Total organic carbon (TOC)			mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
Ammonia Nitrogen (as N)			mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
Total Suspended Solids			mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
Total Dissolved Solids			mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
Total Phosphorus (as P)			mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
Fecal Coliform Bacteria (report geometric means)		maximum 7-day	counts/100ml		Grab
Escherichia Coliform Bacteria (report geometric means)		maximum 7-day	counts/100 ml		Grab
Total Residual Chlorine			<input type="checkbox"/> mg/l <input type="checkbox"/> µg/l		Grab
Dissolved Oxygen	Do Not Use	minimum daily	mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
pH (report maximum and minimum of individual samples)	minimum	maximum	standard units		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
Temperature, Summer			<input type="checkbox"/> °F <input type="checkbox"/> °C		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
Temperature, Winter			<input type="checkbox"/> °F <input type="checkbox"/> °C		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
Oil & Grease			mg/l		Grab
					<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
					<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
					<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp

Michigan Department of Environmental Quality- Water Bureau
WASTEWATER DISCHARGE PERMIT APPLICATION
SECTION III - Industrial and Commercial Wastewater

B. Outfall Information

PLEASE TYPE OR PRINT

FACILITY NAME Former Plainwell Impoundment	NPDES PERMIT NUMBER N/A	OUTFALL NUMBER 001
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Note: For questions on this page, Tables 1-5 are found in the Appendix.

4. PRIMARY INDUSTRY PRIORITY POLLUTANT INFORMATION

Existing primary industries that discharge process wastewater are required to submit the results of at least one effluent analysis for selected organic pollutants identified in Table 2 (as determined from Table 1, Testing Requirements for Organic Toxic Pollutants by Industrial Category), and all of the pollutants identified in Table 3. Existing primary industries are required to also provide the results of at least one effluent analysis for any other chemical listed in Table 2 known or believed to be present in facility effluent.

In addition, submit the results of all other effluent analyses performed within the last five years for any chemical listed in Tables 2 and 3.

New primary industries that propose to discharge process wastewater are required to provide an estimated effluent concentration for any chemical listed in Tables 2 and 3 expected to be present in facility effluent.

5. DIOXIN AND FURAN CONGENER INFORMATION

Existing industries that use or manufacture 2,3,5-trichlorophenoxy acetic acid (2,4,5-T); 2- (2,3,5-trichlorophenoxy) propanoic acid, (Silvex, 2,3,5-TP); 2-(2,4,5-trichlorophenoxy) ethyl 2,2-dichloropropionate (Erbon); 0,0-dimethyl 0-(2,4,5-trichlorophenyl) phosphorothionate (Ronnell); 2,4,5-trichlorophenol (TCP); or hexachlorophrene (HCP), or knows or has reason to believe that 2,3,7,8-Tetrachlorodibenzo-p-dioxin (TCDD) is present in facility effluent, are required to submit the results of at least one effluent analysis for the dioxin and furan congeners listed in Table 6. All effluent analyses for dioxin and furan congeners shall be conducted using EPA Method 1613.

In addition, submit the results of all other effluent analyses performed within the last five years for any dioxin and furan congener listed in Table 6.

New industries that expect to use or manufacture 2,3,5-trichlorophenoxy acetic acid (2,4,5-T); 2- (2,3,5-trichlorophenoxy) propanoic acid (Silvex, 2,3,5-TP); 2-(2,4,5-trichlorophenoxy) ethyl 2,2-dichloropropionate (Erbon); 0,0-dimethyl 0-(2,4,5-trichlorophenyl) phosphorothionate (Ronnell); 2,4,5-trichlorophenol (TCP) or hexachlorophrene (HCP), or knows or has reason to believe that 2,3,7,8-Tetrachlorodibenzo-p-dioxin (TCDD) is present in facility effluent shall provide estimated effluent concentrations for the dioxin and furan congeners listed in Table 6.

6. OTHER INDUSTRY PRIORITY POLLUTANT INFORMATION

Existing secondary industries, or existing primary industries that discharge non-process wastewater, are required to submit the results of at least one effluent analysis for any chemical listed in Tables 2 and 3 known or believed to be present in facility effluent.

In addition, submit the results of all other effluent analyses performed within the last five years for any chemical listed in Tables 2 and 3.

New secondary industries, or new primary industries that propose to discharge non-process wastewater, are required to provide an estimated effluent concentration for any chemical listed in Tables 2 and 3 expected to be present in facility effluent.

7. ADDITIONAL TOXIC AND OTHER POLLUTANT INFORMATION

All existing industries, regardless of discharge type, are required to provide the results of at least one analysis for any chemical listed in Table 4 known or believed to be present in facility effluent, and a measured or estimated effluent concentration for any chemical listed in Table 5 known or believed to be present in facility effluent. In addition, submit the results of any effluent analysis performed within the last five years for any chemical listed in Tables 4 and 5.

New industries, regardless of discharge type, are required to provide an estimated effluent concentration for any chemical listed in Tables 4 and 5 expected to be present in facility effluent.

8. INJURIOUS CHEMICALS NOT PREVIOUSLY REPORTED

New or existing industries, regardless of discharge type, are required to provide a measured or estimated effluent concentration for any toxic or otherwise injurious chemicals known or believed to be present in facility effluent that have not been previously identified in this Application. Quantitative effluent data that are less than five years old for these chemicals shall be reported.

NOTE: All effluent data submitted in response to questions 4, 5, 6, 7, and 8 above should be recorded on Page 30. To submit additional information, see Page ii, Item 3. If the effluent concentrations are estimated, place an "E" in the "Analytical Method" column. The following fields shall be completed for each data row: Parameter, CAS No., Concentration(s), Sample Type, Analytical Method, Quantification Level, and Detection Level. For analytical test requirements, see Page ii, Item 5.

If Alternate Test Procedures have been approved for any parameter listed above (Items 4 through 8), see Page ii, Item 5 for additional instructions.

Michigan Department of Environmental Quality- Water Bureau
WASTEWATER DISCHARGE PERMIT APPLICATION
 SECTION III - Industrial and Commercial Wastewater

B. Outfall Information

PLEASE TYPE OR PRINT

FACILITY NAME Former Plainwell Impoundment								NPDES PERMIT NUMBER N/A				OUTFALL NUMBER 001			
SAMPLE DATE →															
PARAMETER	CAS No.	Conc. (ug/l)	Conc. (ug/l)	Conc. (ug/l)	Conc. (ug/l)	Conc. (ug/l)	Conc. (ug/l)	Conc. (ug/l)	Conc. (ug/l)	Conc. (ug/l)	Conc. (ug/l)	Sample Type	Analytic Method	QL	DL

Michigan Department of Environmental Quality- Water Bureau
WASTEWATER DISCHARGE PERMIT APPLICATION
SECTION III - Industrial and Commercial Wastewater

B. Outfall Information

PLEASE TYPE OR PRINT

FACILITY NAME Former Plainwell Impoundment	NPDES PERMIT NUMBER N/A	OUTFALL NUMBER 001
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9. WATER TREATMENT ADDITIVES

Water treatment additives include any material that is added to water used at the facility or to wastewater generated by the facility to condition or treat the water.

Approvals of water treatment additives are authorized by the DEQ under separate correspondence. The issuance of an NPDES permit does not constitute approval of the water treatment additives that are included in this Application.

A. Are there water treatment additives in the discharge from this facility?

☐ Yes.

☒ No. Proceed to Question 10.

B. Have these water treatment additives been previously approved?

☐ Yes. Submit a list of the previously-approved water treatment additives and the date on which they were approved. The information listed in Item C., Items 1-8 shall be updated if it has changed since the previous approval.

☐ No. Continue with Item C.

C. Submit a list of water treatment additives that are or may be discharged from the facility. Applicants are required to submit the information listed below for each additive.

1. The water treatment additive Material Safety Data Sheet.
2. The proposed water treatment additive discharge concentration.
3. The discharge frequency (i.e., number of hours per day, week, etc.).
4. The outfall from which the water treatment additive is to be discharged.
5. The type of removal treatment, if any, that the water treatment additive receives prior to discharge.
6. The water treatment additive function (i.e., microbiocide, flocculant, etc.).
7. A 48-hour LC50 or EC50 for a North American freshwater planktonic crustacean (either *Ceriodaphnia* sp., *Daphnia* sp., or *Simocephalus* sp.).
8. The results of a toxicity test for one other North American freshwater aquatic species (other than a planktonic crustacean) that meets a minimum requirement of Rule 323.1057(2)(a) of the Water Quality Standards. Examples of tests that would meet this requirement include a 96-hour LC50 for rainbow trout, bluegill, or fathead minnow.

The required toxicity information (described in Items 7 and 8 above) is currently available in the Water Bureau files for the water treatment additives listed on the DEQ's Internet page. To access that information, go to <http://www.michigan.gov/deq>, click on "Site Map," at the bottom of the right column under **Water Quality Monitoring**, click on "Assessment of Michigan Waters." Under the **Information** heading, click on the "Water Treatment Additive List." If you intend to use one of the water treatment additives on this list, only the information in Items 1 through 6 above needs to be submitted to the WD.

Note: The availability of toxicity information for a water treatment additive does not constitute approval to discharge the water treatment additive.

10. WHOLE EFFLUENT TOXICITY TESTS

Have any acute or chronic WET tests been conducted on any discharges or receiving water(s) in relation to facility discharges within the last three years? If yes, identify the tests and summarize the results on a separate sheet, unless the test has been submitted to the DEQ in the last five years. For assistance in WET testing, see "Whole Effluent Toxicity Test Guidance and Requirements" in the Appendix.

11. COMPREHENSIVE ANIMAL FEEDING OPERATION (CAFO) INFORMATION. To be completed by CAFO's only

The applicant shall provide: Specific information about the number and type of animals, and type of housing. The type of containment and storage, and total capacity for CAFO waste storage. CAFO waste storage structure design. The total number of acres under control of the applicant available for land application of CAFO waste. Estimated amounts of CAFO waste generated per year. Estimated amounts of CAFO waste transferred to other persons per year. A list and map(s) showing the location of all land application fields. All potential receiving waters for both the production area and all land application areas. For additional information see "CAFO Guidance and Requirements" in the Appendix.

This completes Section III. Return the completed Application (Sections I and III, and any attachments) to one of the addresses on Page ii of this Application. If assistance is needed to complete this Application, contact the Permits Section.

Michigan Department of Environmental Quality- Water Bureau
WASTEWATER DISCHARGE PERMIT APPLICATION
 SECTION III - Industrial and Commercial Wastewater

B. Outfall Information

Complete a separate Section III.B. - Outfall Information (Pages 25-31) - for each outfall at the facility. Make copies of this blank section of the Application as necessary for additional outfalls.

PLEASE TYPE OR PRINT

FACILITY NAME Former Plainwell Impoundment	NPDES PERMIT NUMBER N/A	OUTFALL NUMBER 002
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1. OUTFALL INFORMATION - Instructions for this item are on Page 23.

A.	Watershed Kalamazoo	HUC Code 04050003						
B.	Receiving Water Kalamazoo River							
C.	County Allegan	Township						
D.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border-bottom: 1px solid black;">Town</td> <td style="width: 15%; border-bottom: 1px solid black;">Range</td> <td style="width: 15%; border-bottom: 1px solid black;">Section</td> <td style="width: 15%; border-bottom: 1px solid black;">1/4</td> <td style="width: 15%; border-bottom: 1px solid black;">1/4, 1/4</td> <td style="width: 30%; border-bottom: 1px solid black;">Private (French) Land Claim)</td> </tr> </table>	Town	Range	Section	1/4	1/4, 1/4	Private (French) Land Claim)	
Town	Range	Section	1/4	1/4, 1/4	Private (French) Land Claim)			
E.	Latitude	Longitude						

F. Type of Wastewater Discharged (check all that apply to this outfall):

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Contact Cooling | <input type="checkbox"/> Groundwater Cleanup | <input type="checkbox"/> Hydrostatic Pressure Test | <input type="checkbox"/> Noncontact Cooling Water |
| <input checked="" type="checkbox"/> Process Wastewater | <input type="checkbox"/> Sanitary Wastewater | <input type="checkbox"/> Storm Water - not regulated | <input checked="" type="checkbox"/> Storm Water - regulated |
| <input type="checkbox"/> Storm water subject to effluent guidelines (indicate under which category): _____ | | | |
| <input type="checkbox"/> Other - specify (see "Table 8 - Other Common Types of Wastewater" - in the Appendix) _____ | | | |

G. What is the Maximum Design Flow Rate for this outfall: 0.017 to 0.036 MGD

H. What is the Maximum Authorized Discharge Flow for this outfall for the next five years?
 Seasonal Dischargers 0.60 MGY (Continue with Item I)
 Continuous Dischargers _____ MGD (Continue with Item J)

I. Seasonal Discharge:

List the discharge periods (by month) and the volume discharged in the space provided below.

From	Through	Discharge Volume	Annual Total
July 2007	September 2007	0.6 MG	
From	Through	Discharge Volume	
From	Through	Discharge Volume	
From	Through	Discharge Volume	

J. Continuous Discharge:

How often is there a discharge from this outfall (on the average)? _____ Hours/Day _____ Days/Year

Batch dischargers are required to provide the following additional information:

Is there effluent flow equalization? ☐ Yes ☐ No

Batch Peak Flow Rate: _____ Number of batches discharged per day: _____

	Minimum	Average	Maximum
Batch Volume (gallons)			
Batch Duration (minutes)			

Michigan Department of Environmental Quality- Water Bureau
WASTEWATER DISCHARGE PERMIT APPLICATION
SECTION III - Industrial and Commercial Wastewater

B. Outfall Information

PLEASE TYPE OR PRINT

FACILITY NAME Former Plainwell Impoundment	NPDES PERMIT NUMBER N/A	OUTFALL NUMBER 002
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2. PROCESS STREAMS CONTRIBUTING TO OUTFALL DISCHARGE

Federal Regulations require that different industries report different information depending on the type facility. The information below is used to determine the applicable federal regulations for this facility. An abbreviated list is in the Summary of Information to be reported by Industry Type section of the Appendix. Applicants are required to provide the name and the SIC or the NAICS code of each process at the facility. Facilities with production-based limits must report an estimated annual production rate for the next five years or the life of the permit. If the wastestream is not regulated under federal categorical standards, the applicant is required to report all pollutants which have the reasonable potential to be present in the discharge. To submit additional information, see Page ii, Item 3.

PROCESS INFORMATION

A. Name of the process contributing to the discharge: Ponded water, wash water, excavation water, and storm water

B. SIC or NAICS code: N/A

C. Describe the process and provide measures of production:
Process waters and collected storm water will be treated by settling, filtration, and carbon adsorption and discharged to the Kalamazoo River. The discharge locations will be determined during construction.

PROCESS INFORMATION

A. Name of the process contributing to the discharge: _____

B. SIC or NAICS code: _____

C. Describe the process and provide measures of production:

PROCESS INFORMATION

A. Name of the process contributing to the discharge: _____

B. SIC or NAICS code: _____

C. Describe the process and provide measures of production:

PROCESS INFORMATION

A. Name of the process contributing to the discharge: _____

B. SIC or NAICS code: _____

C. Describe the process and provide measures of production:

PROCESS INFORMATION

A. Name of the process contributing to the discharge: _____

B. SIC or NAICS code: _____

C. Describe the process and provide measures of production:

Michigan Department of Environmental Quality- Water Bureau
WASTEWATER DISCHARGE PERMIT APPLICATION
SECTION III - Industrial and Commercial Wastewater
B. Outfall Information

INSTRUCTIONS FOR COMPLETING SECTION III B. OUTFALL INFORMATION, ITEM B.3.

In accordance with 40 CFR 122.21, all applicants are required to report CBOD₅, Chemical Oxygen Demand, Total Organic Carbon, Total Suspended Solids, Ammonia as N, Temperature (both summer and winter), and pH. The applicant may, however, request that reporting of data for one or more of these required parameters be waived. Such requests shall be supported by adequate rationale. The request shall be included as an attachment to this Application.

Report available discharge data for the parameters listed in Section III.B.3 of this Application. Actual data shall be provided for existing discharges, and expected or estimated data provided for proposed discharges. Please include an explanation if "Pollution Prevention Measures" are expected to reduce pollutants. Certain types of discharges shall provide a minimum of analytical test data for specific parameters. See "Minimum Analytical Testing Requirements for Various Discharge Requests" in the Appendix for a list of specific discharge types and their specific parameters (e.g., noncontact cooling waters, petroleum groundwater cleanups, etc.). For assistance in determining the appropriate parameters to report, contact the Permits Section. Data for other conventional parameters not listed in Section III.B.3. can be reported on the blank spaces provided. To submit additional information, see Page ii, item 3.

Report all data in the units provided and for the sample types specified in the table. If more than one option is available, check the appropriate box. The units are as follows: µg/l = micrograms per liter, mg/l = milligrams per liter, °F = degrees Fahrenheit, °C = degrees Celsius. **For analytical test requirements, see Page ii, Item 5.**

To analyze for pH, temperature, total residual chlorine, oil and grease, and fecal coliform, use **Grab Samples** unless other frequency-sample type analyses are available. To analyze for total BOD₅, total phosphorus, COD, TOC, ammonia nitrogen, and total suspended solids, use **24-hour composite samples** unless other frequency-sample type analyses are available.

For two or more substantially identical outfalls, permission may be requested from the appropriate district office to sample and analyze only one outfall and submit the results of the analysis for other substantially identical outfalls. If the request is granted by the district office, on a separate sheet attached to the Application, identify which outfall was sampled and describe why the outfalls which were not sampled are substantially identical to the outfall which was sampled. See the Appendix, "Definitions" Section for sampling definitions, including "maximum daily concentration" and "maximum monthly concentration."

REPORTING OF INTAKE DATA

Applicants attempting to demonstrate eligibility for "net" effluent limitations for one or more pollutants are required to report intake water data. A "net" effluent limitation is determined by subtracting the average level of the pollutant(s) present in the intake waters from the average level of the pollutant(s) remaining after treatment. NPDES regulations allow net limitations only in certain circumstances (see 40 CFR, Part 122.45(g)). To demonstrate eligibility, report the average concentration and/or mass of the results of the analyses on the intake water. If the intake water is treated prior to use, report the intake concentrations and/or mass after treatment. In addition to the analytical results, the following information shall be submitted for each parameter:

- a) A statement that the intake water is drawn from the body of water into which the discharge is made. If the discharge is not to the same body of water from which the water is withdrawn, the facility is not eligible for net limitations.
- b) A statement of the extent to which the level of the pollutant in the intake water is reduced by treatment of the wastewater. Limitations for the net removal of pollutants are adjusted only to the extent that the pollutant is not removed.
- c) When applicable (for example, when the pollutant represents a class of compounds, e.g., BOD₅, TSS, etc.), a demonstration of the extent to which the pollutants in the intake vary physically, chemically, and biologically from the pollutants contained in the discharge. Limitations are adjusted only to the extent that the concentrations of the intake pollutants vary from the discharged pollutants.

Note: Applicants for groundwater remediation discharges should also report the intake characteristics of the contaminated groundwater.

Michigan Department of Environmental Quality- Water Bureau
WASTEWATER DISCHARGE PERMIT APPLICATION
 SECTION III - Industrial and Commercial Wastewater

B. Outfall Information

PLEASE TYPE OR PRINT

FACILITY NAME Former Plainwell Impoundment	NPDES PERMIT NUMBER N/A	OUTFALL NUMBER 002
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3. EFFLUENT CHARACTERISTICS - CONVENTIONAL POLLUTANTS - Instructions for this item are on Page 26.

Existing facilities are required to report **data** from effluent analysis for the parameters listed below. **For analytical test requirements, or if alternate test procedures for any parameter listed below have been approved, see Page ii, Item 5**

New facilities are required to provide estimated effluent concentrations for the parameters listed below. (See the Definition Section in the Appendix for sampling definitions, including "maximum daily concentration" and "maximum monthly concentration.")

☐ Check this box if additional information is included as an attachment. To submit additional information, see Page ii, Item 3.

Please Note: Rule 323.1062 allows the use of either Escherichia Coliform Bacteria or Fecal Coliform Bacteria as an indicator that effluent has been disinfected. The Department will use the indicator selected below in the permit issued based on this Application.

☐ Use Escherichia Coliform Bacteria as an indicator of disinfection.

☐ Use Fecal Coliform Bacteria as an indicator of disinfection.

Parameter	Maximum Monthly Concentration	Maximum Daily Concentration	Units	Number of Analyses	Sample Type
Biochemical Oxygen Demand – five day (BOD ₅)			mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
Chemical oxygen demand (COD)			mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
Total organic carbon (TOC)			mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
Ammonia Nitrogen (as N)			mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
Total Suspended Solids			mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
Total Dissolved Solids			mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
Total Phosphorus (as P)			mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
Fecal Coliform Bacteria (report geometric means)		maximum 7-day	counts/100ml		Grab
Escherichia Coliform Bacteria (report geometric means)		maximum 7-day	counts/100 ml		Grab
Total Residual Chlorine			<input type="checkbox"/> mg/l <input type="checkbox"/> µg/l		Grab
Dissolved Oxygen	Do Not Use	minimum daily	mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
pH (report maximum and minimum of individual samples)	minimum	maximum	standard units		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
Temperature, Summer			<input type="checkbox"/> °F <input type="checkbox"/> °C		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
Temperature, Winter			<input type="checkbox"/> °F <input type="checkbox"/> °C		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
Oil & Grease			mg/l		Grab
					<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
					<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
					<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp

Michigan Department of Environmental Quality- Water Bureau
WASTEWATER DISCHARGE PERMIT APPLICATION
SECTION III - Industrial and Commercial Wastewater

B. Outfall Information

PLEASE TYPE OR PRINT

FACILITY NAME Former Plainwell Impoundment	NPDES PERMIT NUMBER N/A	OUTFALL NUMBER 002
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Note: For questions on this page, Tables 1-5 are found in the Appendix.

4. PRIMARY INDUSTRY PRIORITY POLLUTANT INFORMATION

Existing primary industries that discharge process wastewater are required to submit the results of at least one effluent analysis for selected organic pollutants identified in Table 2 (as determined from Table 1, Testing Requirements for Organic Toxic Pollutants by Industrial Category), and all of the pollutants identified in Table 3. Existing primary industries are required to also provide the results of at least one effluent analysis for any other chemical listed in Table 2 known or believed to be present in facility effluent.

In addition, submit the results of all other effluent analyses performed within the last five years for any chemical listed in Tables 2 and 3.

New primary industries that propose to discharge process wastewater are required to provide an estimated effluent concentration for any chemical listed in Tables 2 and 3 expected to be present in facility effluent.

5. DIOXIN AND FURAN CONGENER INFORMATION

Existing industries that use or manufacture 2,3,5-trichlorophenoxy acetic acid (2,4,5-T); 2- (2,3,5-trichlorophenoxy) propanoic acid, (Silvex, 2,3,5-TP); 2-(2,4,5-trichlorophenoxy) ethyl 2,2-dichloropropionate (Erbon); 0,0-dimethyl 0-(2,4,5-trichlorophenyl) phosphorothionate (Ronnel); 2,4,5-trichlorophenol (TCP); or hexachlorophrene (HCP), or knows or has reason to believe that 2,3,7,8-Tetrachlorodibenzo-p-dioxin (TCDD) is present in facility effluent, are required to submit the results of at least one effluent analysis for the dioxin and furan congeners listed in Table 6. All effluent analyses for dioxin and furan congeners shall be conducted using EPA Method 1613.

In addition, submit the results of all other effluent analyses performed within the last five years for any dioxin and furan congener listed in Table 6.

New industries that expect to use or manufacture 2,3,5-trichlorophenoxy acetic acid (2,4,5-T); 2- (2,3,5-trichlorophenoxy) propanoic acid (Silvex, 2,3,5-TP); 2-(2,4,5-trichlorophenoxy) ethyl 2,2-dichloropropionate (Erbon); 0,0-dimethyl 0-(2,4,5-trichlorophenyl) phosphorothionate (Ronnel); 2,4,5-trichlorophenol (TCP) or hexachlorophrene (HCP), or knows or has reason to believe that 2,3,7,8-Tetrachlorodibenzo-p-dioxin (TCDD) is present in facility effluent shall provide estimated effluent concentrations for the dioxin and furan congeners listed in Table 6.

6. OTHER INDUSTRY PRIORITY POLLUTANT INFORMATION

Existing secondary industries, or existing primary industries that discharge non-process wastewater, are required to submit the results of at least one effluent analysis for any chemical listed in Tables 2 and 3 known or believed to be present in facility effluent.

In addition, submit the results of all other effluent analyses performed within the last five years for any chemical listed in Tables 2 and 3.

New secondary industries, or new primary industries that propose to discharge non-process wastewater, are required to provide an estimated effluent concentration for any chemical listed in Tables 2 and 3 expected to be present in facility effluent.

7. ADDITIONAL TOXIC AND OTHER POLLUTANT INFORMATION

All existing industries, regardless of discharge type, are required to provide the results of at least one analysis for any chemical listed in Table 4 known or believed to be present in facility effluent, and a measured or estimated effluent concentration for any chemical listed in Table 5 known or believed to be present in facility effluent. In addition, submit the results of any effluent analysis performed within the last five years for any chemical listed in Tables 4 and 5.

New industries, regardless of discharge type, are required to provide an estimated effluent concentration for any chemical listed in Tables 4 and 5 expected to be present in facility effluent.

8. INJURIOUS CHEMICALS NOT PREVIOUSLY REPORTED

New or existing industries, regardless of discharge type, are required to provide a measured or estimated effluent concentration for any toxic or otherwise injurious chemicals known or believed to be present in facility effluent that have not been previously identified in this Application. Quantitative effluent data that are less than five years old for these chemicals shall be reported.

NOTE: All effluent data submitted in response to questions 4, 5, 6, 7, and 8 above should be recorded on Page 30. To submit additional information, see Page ii, Item 3. If the effluent concentrations are estimated, place an "E" in the "Analytical Method" column. The following fields shall be completed for each data row: Parameter, CAS No., Concentration(s), Sample Type, Analytical Method, Quantification Level, and Detection Level. For analytical test requirements, see Page ii, Item 5.

If Alternate Test Procedures have been approved for any parameter listed above (Items 4 through 8), see Page ii, Item 5 for additional instructions.

Michigan Department of Environmental Quality- Water Bureau
WASTEWATER DISCHARGE PERMIT APPLICATION
 SECTION III - Industrial and Commercial Wastewater

B. Outfall Information

PLEASE TYPE OR PRINT

FACILITY NAME Former Plainwell Impoundment								NPDES PERMIT NUMBER N/A				OUTFALL NUMBER 002			
SAMPLE DATE →															
PARAMETER	CAS No.	Conc. (ug/l)	Conc. (ug/l)	Conc. (ug/l)	Conc. (ug/l)	Conc. (ug/l)	Conc. (ug/l)	Conc. (ug/l)	Conc. (ug/l)	Conc. (ug/l)	Conc. (ug/l)	Sample Type	Analytic Method	QL	DL

Michigan Department of Environmental Quality- Water Bureau
WASTEWATER DISCHARGE PERMIT APPLICATION
SECTION III - Industrial and Commercial Wastewater

B. Outfall Information

PLEASE TYPE OR PRINT

FACILITY NAME Former Plainwell Impoundment	NPDES PERMIT NUMBER N/A	OUTFALL NUMBER 002
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9. WATER TREATMENT ADDITIVES

Water treatment additives include any material that is added to water used at the facility or to wastewater generated by the facility to condition or treat the water.

Approvals of water treatment additives are authorized by the DEQ under separate correspondence. The issuance of an NPDES permit does not constitute approval of the water treatment additives that are included in this Application.

A. Are there water treatment additives in the discharge from this facility?

☐ Yes.

☒ No. Proceed to Question 10.

B. Have these water treatment additives been previously approved?

☐ Yes. Submit a list of the previously-approved water treatment additives and the date on which they were approved. The information listed in Item C., Items 1-8 shall be updated if it has changed since the previous approval:

☐ No. Continue with Item C.

C. Submit a list of water treatment additives that are or may be discharged from the facility. Applicants are required to submit the information listed below for each additive.

1. The water treatment additive Material Safety Data Sheet.
2. The proposed water treatment additive discharge concentration.
3. The discharge frequency (i.e., number of hours per day, week, etc.).
4. The outfall from which the water treatment additive is to be discharged.
5. The type of removal treatment, if any, that the water treatment additive receives prior to discharge.
6. The water treatment additive function (i.e., microbiocide, flocculant, etc.).
7. A 48-hour LC50 or EC50 for a North American freshwater planktonic crustacean (either Ceriodaphnia sp., Daphnia sp., or Simocephalus sp.).
8. The results of a toxicity test for one other North American freshwater aquatic species (other than a planktonic crustacean) that meets a minimum requirement of Rule 323.1057(2)(a) of the Water Quality Standards. Examples of tests that would meet this requirement include a 96-hour LC50 for rainbow trout, bluegill, or fathead minnow.

The required toxicity information (described in Items 7 and 8 above) is currently available in the Water Bureau files for the water treatment additives listed on the DEQ's Internet page. To access that information, go to <http://www.michigan.gov/deq>, click on "Site Map," at the bottom of the right column under **Water Quality Monitoring**, click on "Assessment of Michigan Waters." Under the **Information** heading, click on the "Water Treatment Additive List." If you intend to use one of the water treatment additives on this list, only the information in Items 1 through 6 above needs to be submitted to the WD.

Note: The availability of toxicity information for a water treatment additive does not constitute approval to discharge the water treatment additive.

10. WHOLE EFFLUENT TOXICITY TESTS

Have any acute or chronic WET tests been conducted on any discharges or receiving water(s) in relation to facility discharges within the last three years? If yes, identify the tests and summarize the results on a separate sheet, unless the test has been submitted to the DEQ in the last five years. For assistance in WET testing, see "Whole Effluent Toxicity Test Guidance and Requirements" in the Appendix.

11. COMPREHENSIVE ANIMAL FEEDING OPERATION (CAFO) INFORMATION. To be completed by CAFO's only

The applicant shall provide: Specific information about the number and type of animals, and type of housing. The type of containment and storage, and total capacity for CAFO waste storage. CAFO waste storage structure design. The total number of acres under control of the applicant available for land application of CAFO waste. Estimated amounts of CAFO waste generated per year. Estimated amounts of CAFO waste transferred to other persons per year. A list and map(s) showing the location of all land application fields. All potential receiving waters for both the production area and all land application areas. For additional information see "CAFO Guidance and Requirements" in the Appendix..

This completes Section III. Return the completed Application (Sections I and III, and any attachments) to one of the addresses on Page ii of this Application. If assistance is needed to complete this Application, contact the Permits Section.

Michigan Department of Environmental Quality- Water Bureau
WASTEWATER DISCHARGE PERMIT APPLICATION
 SECTION III - Industrial and Commercial Wastewater

B. Outfall Information

Complete a separate Section III.B. - Outfall Information (Pages 25-31) - for each outfall at the facility. Make copies of this blank section of the Application as necessary for additional outfalls.

PLEASE TYPE OR PRINT

FACILITY NAME Former Plainwell Impoundment	NPDES PERMIT NUMBER N/A	OUTFALL NUMBER 003
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1. OUTFALL INFORMATION - Instructions for this item are on Page 23.

A.	Watershed Kalamazoo	HUC Code 04050003						
B.	Receiving Water Kalamazoo River							
C.	County Allegan	Township						
D.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border-bottom: 1px solid black;">Town</td> <td style="width: 15%; border-bottom: 1px solid black;">Range</td> <td style="width: 15%; border-bottom: 1px solid black;">Section</td> <td style="width: 15%; border-bottom: 1px solid black;">¼</td> <td style="width: 15%; border-bottom: 1px solid black;">¼, ¼</td> <td style="width: 30%; border-bottom: 1px solid black;">Private (French) Land Claim)</td> </tr> </table>	Town	Range	Section	¼	¼, ¼	Private (French) Land Claim)	
Town	Range	Section	¼	¼, ¼	Private (French) Land Claim)			
E.	Latitude	Longitude						

F. Type of Wastewater Discharged (check all that apply to this outfall):

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Contact Cooling | <input type="checkbox"/> Groundwater Cleanup | <input type="checkbox"/> Hydrostatic Pressure Test | <input type="checkbox"/> Noncontact Cooling Water |
| <input checked="" type="checkbox"/> Process Wastewater | <input type="checkbox"/> Sanitary Wastewater | <input type="checkbox"/> Storm Water - not regulated | <input checked="" type="checkbox"/> Storm Water - regulated |
| <input type="checkbox"/> Storm water subject to effluent guidelines (indicate under which category): _____ | | | |
| <input type="checkbox"/> Other - specify (see "Table 8 - Other Common Types of Wastewater" - in the Appendix) _____ | | | |

G. What is the Maximum Design Flow Rate for this outfall: 0.017 to 0.036 MGD

H. What is the Maximum Authorized Discharge Flow for this outfall for the next five years? Seasonal Dischargers 2.2 MGY (Continue with Item I)

Continuous Dischargers _____ MGD (Continue with Item J)

I. Seasonal Discharge:

List the discharge periods (by month) and the volume discharged in the space provided below.

From March 2008	Through June 2008	Discharge Volume 2.2 MG	Annual Total
From	Through	Discharge Volume	
From	Through	Discharge Volume	
From	Through	Discharge Volume	

J. Continuous Discharge:

How often is there a discharge from this outfall (on the average)? _____ Hours/Day _____ Days/Year

Batch dischargers are required to provide the following additional information:

Is there effluent flow equalization? ☐ Yes ☐ No

Batch Peak Flow Rate: _____ Number of batches discharged per day: _____

	Minimum	Average	Maximum
Batch Volume (gallons)			
Batch Duration (minutes)			

Michigan Department of Environmental Quality- Water Bureau
WASTEWATER DISCHARGE PERMIT APPLICATION
SECTION III - Industrial and Commercial Wastewater

B. Outfall Information

PLEASE TYPE OR PRINT

FACILITY NAME Former Plainwell Impoundment	NPDES PERMIT NUMBER N/A	OUTFALL NUMBER 003
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2. **PROCESS STREAMS CONTRIBUTING TO OUTFALL DISCHARGE**

Federal Regulations require that different industries report different information depending on the type facility. The information below is used to determine the applicable federal regulations for this facility. An abbreviated list is in the Summary of Information to be reported by Industry Type section of the Appendix. Applicants are required to provide the name and the SIC or the NAICS code of each process at the facility. Facilities with production-based limits must report an estimated annual production rate for the next five years or the life of the permit. If the wastestream is not regulated under federal categorical standards, the applicant is required to report all pollutants which have the reasonable potential to be present in the discharge. To submit additional information, see Page ii, Item 3.

PROCESS INFORMATION

A. Name of the process contributing to the discharge: Ponded water, wash water, excavation water, and storm water

B. SIC or NAICS code: N/A

C. Describe the process and provide measures of production:
Process waters and collected storm water will be treated by settling, filtration, and carbon adsorption and discharged to the Kalamazoo River. The discharge locations will be determined during construction.

PROCESS INFORMATION

A. Name of the process contributing to the discharge: _____

B. SIC or NAICS code: _____

C. Describe the process and provide measures of production:

PROCESS INFORMATION

A. Name of the process contributing to the discharge: _____

B. SIC or NAICS code: _____

C. Describe the process and provide measures of production:

PROCESS INFORMATION

A. Name of the process contributing to the discharge: _____

B. SIC or NAICS code: _____

C. Describe the process and provide measures of production:

PROCESS INFORMATION

A. Name of the process contributing to the discharge: _____

B. SIC or NAICS code: _____

C. Describe the process and provide measures of production:

Michigan Department of Environmental Quality- Water Bureau
WASTEWATER DISCHARGE PERMIT APPLICATION
SECTION III - Industrial and Commercial Wastewater
B. Outfall Information

INSTRUCTIONS FOR COMPLETING SECTION III B. OUTFALL INFORMATION, ITEM B.3.

In accordance with 40 CFR 122.21, all applicants are required to report CBOD₅, Chemical Oxygen Demand, Total Organic Carbon, Total Suspended Solids, Ammonia as N, Temperature (both summer and winter), and pH. The applicant may, however, request that reporting of data for one or more of these required parameters be waived. Such requests shall be supported by adequate rationale. The request shall be included as an attachment to this Application.

Report available discharge data for the parameters listed in Section III.B.3 of this Application. Actual data shall be provided for existing discharges, and expected or estimated data provided for proposed discharges. Please include an explanation if "Pollution Prevention Measures" are expected to reduce pollutants. Certain types of discharges shall provide a minimum of analytical test data for specific parameters. See "Minimum Analytical Testing Requirements for Various Discharge Requests" in the Appendix for a list of specific discharge types and their specific parameters (e.g., noncontact cooling waters, petroleum groundwater cleanups, etc.). For assistance in determining the appropriate parameters to report, contact the Permits Section. Data for other conventional parameters not listed in Section III.B.3. can be reported on the blank spaces provided. To submit additional information, see Page ii, item 3.

Report all data in the units provided and for the sample types specified in the table. If more than one option is available, check the appropriate box. The units are as follows: µg/l = micrograms per liter, mg/l = milligrams per liter, °F = degrees Fahrenheit, °C = degrees Celsius. **For analytical test requirements, see Page ii, Item 5.**

To analyze for pH, temperature, total residual chlorine, oil and grease, and fecal coliform, use **Grab Samples** unless other frequency-sample type analyses are available. To analyze for total BOD₅, total phosphorus, COD, TOC, ammonia nitrogen, and total suspended solids, use **24-hour composite samples** unless other frequency-sample type analyses are available.

For two or more substantially identical outfalls, permission may be requested from the appropriate district office to sample and analyze only one outfall and submit the results of the analysis for other substantially identical outfalls. If the request is granted by the district office, on a separate sheet attached to the Application, identify which outfall was sampled and describe why the outfalls which were not sampled are substantially identical to the outfall which was sampled. See the Appendix, "Definitions" Section for sampling definitions, including "maximum daily concentration" and "maximum monthly concentration."

REPORTING OF INTAKE DATA

Applicants attempting to demonstrate eligibility for "net" effluent limitations for one or more pollutants are required to report intake water data. A "net" effluent limitation is determined by subtracting the average level of the pollutant(s) present in the intake waters from the average level of the pollutant(s) remaining after treatment. NPDES regulations allow net limitations only in certain circumstances (see 40 CFR, Part 122.45(g)). To demonstrate eligibility, report the average concentration and/or mass of the results of the analyses on the intake water. If the intake water is treated prior to use, report the intake concentrations and/or mass after treatment. In addition to the analytical results, the following information shall be submitted for each parameter:

- a) A statement that the intake water is drawn from the body of water into which the discharge is made. If the discharge is not to the same body of water from which the water is withdrawn, the facility is not eligible for net limitations.
- b) A statement of the extent to which the level of the pollutant in the intake water is reduced by treatment of the wastewater. Limitations for the net removal of pollutants are adjusted only to the extent that the pollutant is not removed.
- c) When applicable (for example, when the pollutant represents a class of compounds, e.g., BOD₅, TSS, etc.), a demonstration of the extent to which the pollutants in the intake vary physically, chemically, and biologically from the pollutants contained in the discharge. Limitations are adjusted only to the extent that the concentrations of the intake pollutants vary from the discharged pollutants.

Note: Applicants for groundwater remediation discharges should also report the intake characteristics of the contaminated groundwater.

Michigan Department of Environmental Quality- Water Bureau
WASTEWATER DISCHARGE PERMIT APPLICATION
 SECTION III - Industrial and Commercial Wastewater

B. Outfall Information

PLEASE TYPE OR PRINT

FACILITY NAME Former Plainwell Impoundment	NPDES PERMIT NUMBER N/A	OUTFALL NUMBER 003
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2. EFFLUENT CHARACTERISTICS - CONVENTIONAL POLLUTANTS - Instructions for this item are on Page 26.

Existing facilities are required to report **data** from effluent analysis for the parameters listed below. **For analytical test requirements, or if alternate test procedures for any parameter listed below have been approved, see Page ii, Item 5**

New facilities are required to provide estimated effluent concentrations for the parameters listed below. (See the Definition Section in the Appendix for sampling definitions, including "maximum daily concentration" and "maximum monthly concentration.")

☐ Check this box if additional information is included as an attachment. To submit additional information, see Page ii, Item 3.

Please Note: Rule 323.1062 allows the use of either Escherichia Coliform Bacteria or Fecal Coliform Bacteria as an indicator that effluent has been disinfected. The Department will use the indicator selected below in the permit issued based on this Application.

☐ Use Escherichia Coliform Bacteria as an indicator of disinfection.

☐ Use Fecal Coliform Bacteria as an indicator of disinfection.

Parameter	Maximum Monthly Concentration	Maximum Daily Concentration	Units	Number of Analyses	Sample Type
Biochemical Oxygen Demand – five day (BOD ₅)			mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
Chemical oxygen demand (COD)			mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
Total organic carbon (TOC)			mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
Ammonia Nitrogen (as N)			mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
Total Suspended Solids			mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
Total Dissolved Solids			mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
Total Phosphorus (as P)			mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
Fecal Coliform Bacteria (report geometric means)		maximum 7-day	counts/100ml		Grab
Escherichia Coliform Bacteria (report geometric means)		maximum 7-day	counts/100 ml		Grab
Total Residual Chlorine			<input type="checkbox"/> mg/l <input type="checkbox"/> µg/l		Grab
Dissolved Oxygen	Do Not Use	minimum daily	mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
pH (report maximum and minimum of individual samples)	minimum	maximum	standard units		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
Temperature, Summer			<input type="checkbox"/> °F <input type="checkbox"/> °C		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
Temperature, Winter			<input type="checkbox"/> °F <input type="checkbox"/> °C		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
Oil & Grease			mg/l		Grab
					<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
					<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
					<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp

Michigan Department of Environmental Quality- Water Bureau
WASTEWATER DISCHARGE PERMIT APPLICATION
SECTION III - Industrial and Commercial Wastewater

B. Outfall Information

PLEASE TYPE OR PRINT

FACILITY NAME Former Plainwell Impoundment	NPDES PERMIT NUMBER N/A	OUTFALL NUMBER 003
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Note: For questions on this page, Tables 1-5 are found in the Appendix.

4. PRIMARY INDUSTRY PRIORITY POLLUTANT INFORMATION

Existing primary industries that discharge process wastewater are required to submit the results of at least one effluent analysis for selected organic pollutants identified in Table 2 (as determined from Table 1, Testing Requirements for Organic Toxic Pollutants by Industrial Category), and all of the pollutants identified in Table 3. Existing primary industries are required to also provide the results of at least one effluent analysis for any other chemical listed in Table 2 known or believed to be present in facility effluent.

In addition, submit the results of all other effluent analyses performed within the last five years for any chemical listed in Tables 2 and 3.

New primary industries that propose to discharge process wastewater are required to provide an estimated effluent concentration for any chemical listed in Tables 2 and 3 expected to be present in facility effluent.

5. DIOXIN AND FURAN CONGENER INFORMATION

Existing industries that use or manufacture 2,3,5-trichlorophenoxy acetic acid (2,4,5-T); 2- (2,3,5-trichlorophenoxy) propanoic acid, (Silvex, 2,3,5-TP); 2-(2,4,5-trichlorophenoxy) ethyl 2,2-dichloropropionate (Erbon); 0,0-dimethyl 0-(2,4,5-trichlorophenyl) phosphorothionate (Ronnell); 2,4,5-trichlorophenol (TCP); or hexachlorophrene (HCP), or knows or has reason to believe that 2,3,7,8-Tetrachlorodibenzo-p-dioxin (TCDD) is present in facility effluent, are required to submit the results of at least one effluent analysis for the dioxin and furan congeners listed in Table 6. All effluent analyses for dioxin and furan congeners shall be conducted using EPA Method 1613.

In addition, submit the results of all other effluent analyses performed within the last five years for any dioxin and furan congener listed in Table 6.

New industries that expect to use or manufacture 2,3,5-trichlorophenoxy acetic acid (2,4,5-T); 2- (2,3,5-trichlorophenoxy) propanoic acid (Silvex, 2,3,5-TP); 2-(2,4,5-trichlorophenoxy) ethyl 2,2-dichloropropionate (Erbon); 0,0-dimethyl 0-(2,4,5-trichlorophenyl) phosphorothionate (Ronnell); 2,4,5-trichlorophenol (TCP) or hexachlorophrene (HCP), or knows or has reason to believe that 2,3,7,8-Tetrachlorodibenzo-p-dioxin (TCDD) is present in facility effluent shall provide estimated effluent concentrations for the dioxin and furan congeners listed in Table 6.

6. OTHER INDUSTRY PRIORITY POLLUTANT INFORMATION

Existing secondary industries, or existing primary industries that discharge non-process wastewater, are required to submit the results of at least one effluent analysis for any chemical listed in Tables 2 and 3 known or believed to be present in facility effluent.

In addition, submit the results of all other effluent analyses performed within the last five years for any chemical listed in Tables 2 and 3.

New secondary industries, or new primary industries that propose to discharge non-process wastewater, are required to provide an estimated effluent concentration for any chemical listed in Tables 2 and 3 expected to be present in facility effluent.

7. ADDITIONAL TOXIC AND OTHER POLLUTANT INFORMATION

All existing industries, regardless of discharge type, are required to provide the results of at least one analysis for any chemical listed in Table 4 known or believed to be present in facility effluent, and a measured or estimated effluent concentration for any chemical listed in Table 5 known or believed to be present in facility effluent. In addition, submit the results of any effluent analysis performed within the last five years for any chemical listed in Tables 4 and 5.

New industries, regardless of discharge type, are required to provide an estimated effluent concentration for any chemical listed in Tables 4 and 5 expected to be present in facility effluent.

8. INJURIOUS CHEMICALS NOT PREVIOUSLY REPORTED

New or existing industries, regardless of discharge type, are required to provide a measured or estimated effluent concentration for any toxic or otherwise injurious chemicals known or believed to be present in facility effluent that have not been previously identified in this Application. Quantitative effluent data that are less than five years old for these chemicals shall be reported.

NOTE: All effluent data submitted in response to questions 4, 5, 6, 7, and 8 above should be recorded on Page 30. To submit additional information, see Page ii, Item 3. If the effluent concentrations are estimated, place an "E" in the "Analytical Method" column. The following fields shall be completed for each data row: Parameter, CAS No., Concentration(s), Sample Type, Analytical Method, Quantification Level, and Detection Level. For analytical test requirements, see Page ii, Item 5.

If Alternate Test Procedures have been approved for any parameter listed above (Items 4 through 8), see Page ii, Item 5 for additional instructions.

Michigan Department of Environmental Quality- Water Bureau
WASTEWATER DISCHARGE PERMIT APPLICATION
 SECTION III - Industrial and Commercial Wastewater

A. Outfall Information

PLEASE TYPE OR PRINT

FACILITY NAME Former Plainwell Impoundment								NPDES PERMIT NUMBER N/A				OUTFALL NUMBER 003			
SAMPLE DATE →															
PARAMETER	CAS No.	Conc. (ug/l)	Conc. (ug/l)	Conc. (ug/l)	Conc. (ug/l)	Conc. (ug/l)	Conc. (ug/l)	Conc. (ug/l)	Conc. (ug/l)	Conc. (ug/l)	Conc. (ug/l)	Sample Type	Analytic Method	QL	DL

Michigan Department of Environmental Quality- Water Bureau
WASTEWATER DISCHARGE PERMIT APPLICATION
SECTION III - Industrial and Commercial Wastewater

B. Outfall Information

PLEASE TYPE OR PRINT

FACILITY NAME Former Plainwell Impoundment	NPDES PERMIT NUMBER N/A	OUTFALL NUMBER 003
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9. WATER TREATMENT ADDITIVES

Water treatment additives include any material that is added to water used at the facility or to wastewater generated by the facility to condition or treat the water.

Approvals of water treatment additives are authorized by the DEQ under separate correspondence. The issuance of an NPDES permit does not constitute approval of the water treatment additives that are included in this Application.

A. Are there water treatment additives in the discharge from this facility?

☐ Yes.

☒ No. Proceed to Question 10.

B. Have these water treatment additives been previously approved?

☐ Yes. Submit a list of the previously-approved water treatment additives and the date on which they were approved. The information listed in Item C., Items 1-8 shall be updated if it has changed since the previous approval.

☐ No. Continue with Item C.

C. Submit a list of water treatment additives that are or may be discharged from the facility. Applicants are required to submit the information listed below for each additive.

0. The water treatment additive Material Safety Data Sheet.

0. The proposed water treatment additive discharge concentration.

0. The discharge frequency (i.e., number of hours per day, week, etc.).

0. The outfall from which the water treatment additive is to be discharged.

0. The type of removal treatment, if any, that the water treatment additive receives prior to discharge.

0. The water treatment additive function (i.e., microbiocide, flocculant, etc.).

0. A 48-hour LC50 or EC50 for a North American freshwater planktonic crustacean (either Ceriodaphnia sp., Daphnia sp., or Simocephalus sp.).

0. The results of a toxicity test for one other North American freshwater aquatic species (other than a planktonic crustacean) that meets a minimum requirement of Rule 323.1057(2)(a) of the Water Quality Standards. Examples of tests that would meet this requirement include a 96-hour LC50 for rainbow trout, bluegill, or fathead minnow.

The required toxicity information (described in Items 7 and 8 above) is currently available in the Water Bureau files for the water treatment additives listed on the DEQ's Internet page. To access that information, go to <http://www.michigan.gov/deq>, click on "Site Map," at the bottom of the right column under **Water Quality Monitoring**, click on "Assessment of Michigan Waters." Under the **Information** heading, click on the "Water Treatment Additive List." If you intend to use one of the water treatment additives on this list, only the information in Items 1 through 6 above needs to be submitted to the WD.

Note: The availability of toxicity information for a water treatment additive does not constitute approval to discharge the water treatment additive.

10. WHOLE EFFLUENT TOXICITY TESTS

Have any acute or chronic WET tests been conducted on any discharges or receiving water(s) in relation to facility discharges within the last three years? If yes, identify the tests and summarize the results on a separate sheet, unless the test has been submitted to the DEQ in the last five years. For assistance in WET testing, see "Whole Effluent Toxicity Test Guidance and Requirements" in the Appendix.

11. COMPREHENSIVE ANIMAL FEEDING OPERATION (CAFO) INFORMATION. To be completed by CAFO's only

The applicant shall provide: Specific information about the number and type of animals, and type of housing. The type of containment and storage, and total capacity for CAFO waste storage. CAFO waste storage structure design. The total number of acres under control of the applicant available for land application of CAFO waste. Estimated amounts of CAFO waste generated per year. Estimated amounts of CAFO waste transferred to other persons per year. A list and map(s) showing the location of all land application fields. All potential receiving waters for both the production area and all land application areas. For additional information see "CAFO Guidance and Requirements" in the Appendix.

This completes Section III. Return the completed Application (Sections I and III, and any attachments) to one of the addresses on Page ii of this Application. If assistance is needed to complete this Application, contact the Permits Section.

Michigan Department of Environmental Quality- Water Bureau
WASTEWATER DISCHARGE PERMIT APPLICATION
 SECTION III - Industrial and Commercial Wastewater

B. Outfall Information

Complete a separate Section III.B. - Outfall Information (Pages 25-31) - for each outfall at the facility. Make copies of this blank section of the Application as necessary for additional outfalls.

PLEASE TYPE OR PRINT

FACILITY NAME Former Plainwell Impoundment				NPDES PERMIT NUMBER N/A		OUTFALL NUMBER 004	
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1. OUTFALL INFORMATION - Instructions for this item are on Page 23.

A.	Watershed Kalamazoo				HUC Code 04050003		
B.	Receiving Water Kalamazoo River						
C.	County Allegan				Township		
D.	Town	Range	Section	1/4	1/4, 1/4	Private (French) Land Claim)	
E.	Latitude				Longitude		

F. Type of Wastewater Discharged (check all that apply to this outfall):

☐ Contact Cooling

☐ Groundwater Cleanup

☐ Hydrostatic Pressure Test

☐ Noncontact Cooling Water

☒ Process Wastewater

☐ Sanitary Wastewater

☐ Storm Water - not regulated

☒ Storm Water - regulated

☐ Storm water subject to effluent guidelines (indicate under which category): _____

☒ Other – specify (see "Table 8 - Other Common Types of Wastewater" - in the Appendix) Cofferdam dewatering

G. What is the Maximum Design Flow Rate for this outfall: 510 MGD

H. What is the Maximum Authorized Discharge Flow for this outfall for the next five years?

Seasonal Dischargers 103 MGY (Continue with Item I)

Continuous Dischargers _____ MGD (Continue with Item J)

I. Seasonal Discharge:

List the discharge periods (by month) and the volume discharged in the space provided below.

From	Through	Discharge Volume	Annual Total
May 2008	October 2008	103 MG	
From	Through	Discharge Volume	
From	Through	Discharge Volume	
From	Through	Discharge Volume	

J. Continuous Discharge:

How often is there a discharge from this outfall (on the average)? _____ Hours/Day _____ Days/Year

Batch dischargers are required to provide the following additional information:

Is there effluent flow equalization? ☐ Yes ☐ No

Batch Peak Flow Rate: _____ Number of batches discharged per day: _____

	Minimum	Average	Maximum
Batch Volume (gallons)			
Batch Duration (minutes)			

Michigan Department of Environmental Quality- Water Bureau
WASTEWATER DISCHARGE PERMIT APPLICATION
SECTION III - Industrial and Commercial Wastewater

B. Outfall Information

PLEASE TYPE OR PRINT

FACILITY NAME Former Plainwell Impoundment	NPDES PERMIT NUMBER N/A	OUTFALL NUMBER 004.
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2. PROCESS STREAMS CONTRIBUTING TO OUTFALL DISCHARGE

Federal Regulations require that different industries report different information depending on the type facility. The information below is used to determine the applicable federal regulations for this facility. An abbreviated list is in the Summary of Information to be reported by Industry Type section of the Appendix. Applicants are required to provide the name and the SIC or the NAICS code of each process at the facility. Facilities with production-based limits must report an estimated annual production rate for the next five years or the life of the permit. If the wastestream is not regulated under federal categorical standards, the applicant is required to report all pollutants which have the reasonable potential to be present in the discharge. To submit additional information, see Page ii, Item 3.

PROCESS INFORMATION

A. Name of the process contributing to the discharge: Ponded water, wash water, excavation water, and storm water

B. SIC or NAICS code: N/A

C. Describe the process and provide measures of production:
Process waters and collected storm water will be treated by settling, filtration, and carbon adsorption and discharged to the Kalamazoo River. The discharge locations will be determined during construction.

PROCESS INFORMATION

A. Name of the process contributing to the discharge: _____

B. SIC or NAICS code: _____

C. Describe the process and provide measures of production:

PROCESS INFORMATION

A. Name of the process contributing to the discharge: _____

B. SIC or NAICS code: _____

C. Describe the process and provide measures of production:

PROCESS INFORMATION

A. Name of the process contributing to the discharge: _____

B. SIC or NAICS code: _____

C. Describe the process and provide measures of production:

PROCESS INFORMATION

A. Name of the process contributing to the discharge: _____

B. SIC or NAICS code: _____

C. Describe the process and provide measures of production:

Michigan Department of Environmental Quality- Water Bureau
WASTEWATER DISCHARGE PERMIT APPLICATION
SECTION III - Industrial and Commercial Wastewater
B. Outfall Information

INSTRUCTIONS FOR COMPLETING SECTION III B. OUTFALL INFORMATION, ITEM B.3.

In accordance with 40 CFR 122.21, all applicants are required to report CBODs, Chemical Oxygen Demand, Total Organic Carbon, Total Suspended Solids, Ammonia as N, Temperature (both summer and winter), and pH. The applicant may, however, request that reporting of data for one or more of these required parameters be waived. Such requests shall be supported by adequate rationale. The request shall be included as an attachment to this Application.

Report available discharge data for the parameters listed in Section III.B.3 of this Application. Actual data shall be provided for existing discharges, and expected or estimated data provided for proposed discharges. Please include an explanation if "Pollution Prevention Measures" are expected to reduce pollutants. Certain types of discharges shall provide a minimum of analytical test data for specific parameters. See "Minimum Analytical Testing Requirements for Various Discharge Requests" in the Appendix for a list of specific discharge types and their specific parameters (e.g., noncontact cooling waters, petroleum groundwater cleanups, etc.). For assistance in determining the appropriate parameters to report, contact the Permits Section. Data for other conventional parameters not listed in Section III.B.3. can be reported on the blank spaces provided. To submit additional information, see Page ii, item 3.

Report all data in the units provided and for the sample types specified in the table. If more than one option is available, check the appropriate box. The units are as follows: $\mu\text{g/l}$ = micrograms per liter, mg/l = milligrams per liter, $^{\circ}\text{F}$ = degrees Fahrenheit, $^{\circ}\text{C}$ = degrees Celsius. **For analytical test requirements, see Page ii, Item 5.**

To analyze for pH, temperature, total residual chlorine, oil and grease, and fecal coliform, use **Grab Samples** unless other frequency-sample type analyses are available. To analyze for total BOD₅, total phosphorus, COD, TOC, ammonia nitrogen, and total suspended solids, use **24-hour composite samples** unless other frequency-sample type analyses are available.

For two or more substantially identical outfalls, permission may be requested from the appropriate district office to sample and analyze only one outfall and submit the results of the analysis for other substantially identical outfalls. If the request is granted by the district office, on a separate sheet attached to the Application, identify which outfall was sampled and describe why the outfalls which were not sampled are substantially identical to the outfall which was sampled. See the Appendix, "Definitions" Section for sampling definitions, including "maximum daily concentration" and "maximum monthly concentration."

REPORTING OF INTAKE DATA

Applicants attempting to demonstrate eligibility for "net" effluent limitations for one or more pollutants are required to report intake water data. A "net" effluent limitation is determined by subtracting the average level of the pollutant(s) present in the intake waters from the average level of the pollutant(s) remaining after treatment. NPDES regulations allow net limitations only in certain circumstances (see 40 CFR, Part 122.45(g)). To demonstrate eligibility, report the average concentration and/or mass of the results of the analyses on the intake water. If the intake water is treated prior to use, report the intake concentrations and/or mass after treatment. In addition to the analytical results, the following information shall be submitted for each parameter:

- a) A statement that the intake water is drawn from the body of water into which the discharge is made. If the discharge is not to the same body of water from which the water is withdrawn, the facility is not eligible for net limitations.
- b) A statement of the extent to which the level of the pollutant in the intake water is reduced by treatment of the wastewater. Limitations for the net removal of pollutants are adjusted only to the extent that the pollutant is not removed.
- c) When applicable (for example, when the pollutant represents a class of compounds, e.g., BOD₅, TSS, etc.), a demonstration of the extent to which the pollutants in the intake vary physically, chemically, and biologically from the pollutants contained in the discharge. Limitations are adjusted only to the extent that the concentrations of the intake pollutants vary from the discharged pollutants.

Note: Applicants for groundwater remediation discharges should also report the intake characteristics of the contaminated groundwater.

Michigan Department of Environmental Quality- Water Bureau
WASTEWATER DISCHARGE PERMIT APPLICATION
 SECTION III - Industrial and Commercial Wastewater

B. Outfall Information

PLEASE TYPE OR PRINT

FACILITY NAME Former Plainwell Impoundment	NPDES PERMIT NUMBER N/A	OUTFALL NUMBER 004
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3. EFFLUENT CHARACTERISTICS - CONVENTIONAL POLLUTANTS - Instructions for this item are on Page 26.

Existing facilities are required to report **data** from effluent analysis for the parameters listed below. **For analytical test requirements, or if alternate test procedures for any parameter listed below have been approved, see Page ii, Item 5**

New facilities are required to provide estimated effluent concentrations for the parameters listed below. (See the Definition Section in the Appendix for sampling definitions, including "maximum daily concentration" and "maximum monthly concentration.")

☐ Check this box if additional information is included as an attachment. To submit additional information, see Page ii, Item 3.

Please Note: Rule 323.1062 allows the use of either Escherichia Coliform Bacteria or Fecal Coliform Bacteria as an indicator that effluent has been disinfected. The Department will use the indicator selected below in the permit issued based on this Application.

☐ Use Escherichia Coliform Bacteria as an indicator of disinfection.

☐ Use Fecal Coliform Bacteria as an indicator of disinfection.

Parameter	Maximum Monthly Concentration	Maximum Daily Concentration	Units	Number of Analyses	Sample Type
Biochemical Oxygen Demand – five day (BOD ₅)			mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
Chemical oxygen demand (COD)			mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
Total organic carbon (TOC)			mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
Ammonia Nitrogen (as N)			mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
Total Suspended Solids			mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
Total Dissolved Solids			mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
Total Phosphorus (as P)			mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
Fecal Coliform Bacteria (report geometric means)		maximum 7-day	counts/100ml		Grab
Escherichia Coliform Bacteria (report geometric means)		maximum 7-day	counts/100 ml		Grab
Total Residual Chlorine			<input type="checkbox"/> mg/l <input type="checkbox"/> µg/l		Grab
Dissolved Oxygen	Do Not Use	minimum daily	mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
pH (report maximum and minimum of individual samples)	minimum	maximum	standard units		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
Temperature, Summer			<input type="checkbox"/> °F <input type="checkbox"/> °C		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
Temperature, Winter			<input type="checkbox"/> °F <input type="checkbox"/> °C		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
Oil & Grease			mg/l		Grab
					<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
					<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
					<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp

Michigan Department of Environmental Quality- Water Bureau
WASTEWATER DISCHARGE PERMIT APPLICATION
SECTION III - Industrial and Commercial Wastewater

B. Outfall Information

PLEASE TYPE OR PRINT

FACILITY NAME Former Plainwell Impoundment	NPDES PERMIT NUMBER N/A	OUTFALL NUMBER 002
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Note: For questions on this page, Tables 1-5 are found in the Appendix.

4. PRIMARY INDUSTRY PRIORITY POLLUTANT INFORMATION

Existing primary industries that discharge process wastewater are required to submit the results of at least one effluent analysis for selected organic pollutants identified in Table 2 (as determined from Table 1, Testing Requirements for Organic Toxic Pollutants by Industrial Category), and all of the pollutants identified in Table 3. Existing primary industries are required to also provide the results of at least one effluent analysis for any other chemical listed in Table 2 known or believed to be present in facility effluent.

In addition, submit the results of all other effluent analyses performed within the last five years for any chemical listed in Tables 2 and 3.

New primary industries that propose to discharge process wastewater are required to provide an estimated effluent concentration for any chemical listed in Tables 2 and 3 expected to be present in facility effluent.

5. DIOXIN AND FURAN CONGENER INFORMATION

Existing industries that use or manufacture 2,3,5-trichlorophenoxy acetic acid (2,4,5-T); 2- (2,3,5-trichlorophenoxy) propanoic acid, (Silvex, 2,3,5-TP); 2-(2,4,5-trichlorophenoxy) ethyl 2,2-dichloropropionate (Erbion); 0,0-dimethyl 0-(2,4,5-trichlorophenyl) phosphorothionate (Ronnell); 2,4,5-trichlorophenol (TCP); or hexachlorophrene (HCP), or knows or has reason to believe that 2,3,7,8-Tetrachlorodibenzo-p-dioxin (TCDD) is present in facility effluent, are required to submit the results of at least one effluent analysis for the dioxin and furan congeners listed in Table 6. All effluent analyses for dioxin and furan congeners shall be conducted using EPA Method 1613.

In addition, submit the results of all other effluent analyses performed within the last five years for any dioxin and furan congener listed in Table 6.

New industries that expect to use or manufacture 2,3,5-trichlorophenoxy acetic acid (2,4,5-T); 2- (2,3,5-trichlorophenoxy) propanoic acid (Silvex, 2,3,5-TP); 2-(2,4,5-trichlorophenoxy) ethyl 2,2-dichloropropionate (Erbion); 0,0-dimethyl 0-(2,4,5-trichlorophenyl) phosphorothionate (Ronnell); 2,4,5-trichlorophenol (TCP) or hexachlorophrene (HCP), or knows or has reason to believe that 2,3,7,8-Tetrachlorodibenzo-p-dioxin (TCDD) is present in facility effluent shall provide estimated effluent concentrations for the dioxin and furan congeners listed in Table 6.

6. OTHER INDUSTRY PRIORITY POLLUTANT INFORMATION

Existing secondary industries, or existing primary industries that discharge non-process wastewater, are required to submit the results of at least one effluent analysis for any chemical listed in Tables 2 and 3 known or believed to be present in facility effluent.

In addition, submit the results of all other effluent analyses performed within the last five years for any chemical listed in Tables 2 and 3.

New secondary industries, or new primary industries that propose to discharge non-process wastewater, are required to provide an estimated effluent concentration for any chemical listed in Tables 2 and 3 expected to be present in facility effluent.

7. ADDITIONAL TOXIC AND OTHER POLLUTANT INFORMATION

All existing industries, regardless of discharge type, are required to provide the results of at least one analysis for any chemical listed in Table 4 known or believed to be present in facility effluent, and a measured or estimated effluent concentration for any chemical listed in Table 5 known or believed to be present in facility effluent. In addition, submit the results of any effluent analysis performed within the last five years for any chemical listed in Tables 4 and 5.

New industries, regardless of discharge type, are required to provide an estimated effluent concentration for any chemical listed in Tables 4 and 5 expected to be present in facility effluent.

8. INJURIOUS CHEMICALS NOT PREVIOUSLY REPORTED

New or existing industries, regardless of discharge type, are required to provide a measured or estimated effluent concentration for any toxic or otherwise injurious chemicals known or believed to be present in facility effluent that have not been previously identified in this Application. Quantitative effluent data that are less than five years old for these chemicals shall be reported.

NOTE: All effluent data submitted in response to questions 4, 5, 6, 7, and 8 above should be recorded on Page 30. To submit additional information, see Page ii, Item 3. If the effluent concentrations are estimated, place an "E" in the "Analytical Method" column. The following fields shall be completed for each data row: Parameter, CAS No., Concentration(s), Sample Type, Analytical Method, Quantification Level, and Detection Level. For analytical test requirements, see Page ii, Item 5.

If Alternate Test Procedures have been approved for any parameter listed above (Items 4 through 8), see Page ii, Item 5 for additional instructions.

Michigan Department of Environmental Quality- Water Bureau
WASTEWATER DISCHARGE PERMIT APPLICATION
 SECTION III - Industrial and Commercial Wastewater

B. Outfall Information

PLEASE TYPE OR PRINT

FACILITY NAME Former Plainwell Impoundment								NPDES PERMIT NUMBER N/A				OUTFALL NUMBER 004			
SAMPLE DATE →															
PARAMETER	CAS No.	Conc. (ug/l)	Conc. (ug/l)	Conc. (ug/l)	Conc. (ug/l)	Conc. (ug/l)	Conc. (ug/l)	Conc. (ug/l)	Conc. (ug/l)	Conc. (ug/l)	Conc. (ug/l)	Sample Type	Analytic Method	QL	DL

Michigan Department of Environmental Quality- Water Bureau
WASTEWATER DISCHARGE PERMIT APPLICATION
SECTION III - Industrial and Commercial Wastewater

B. Outfall Information

PLEASE TYPE OR PRINT

FACILITY NAME Former Plainwell Impoundment	NPDES PERMIT NUMBER N/A	OUTFALL NUMBER 004
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9. **WATER TREATMENT ADDITIVES**

Water treatment additives include any material that is added to water used at the facility or to wastewater generated by the facility to condition or treat the water.

Approvals of water treatment additives are authorized by the DEQ under separate correspondence. The issuance of an NPDES permit does not constitute approval of the water treatment additives that are included in this Application.

A. Are there water treatment additives in the discharge from this facility?

☐ Yes.

☒ No. Proceed to Question 10.

B. Have these water treatment additives been previously approved?

☐ Yes. Submit a list of the previously-approved water treatment additives and the date on which they were approved. The information listed in Item C., Items 1-8 shall be updated if it has changed since the previous approval.

☐ No. Continue with Item C.

C. Submit a list of water treatment additives that are or may be discharged from the facility. Applicants are required to submit the information listed below for each additive.

1. The water treatment additive Material Safety Data Sheet.
2. The proposed water treatment additive discharge concentration.
3. The discharge frequency (i.e., number of hours per day, week, etc.).
4. The outfall from which the water treatment additive is to be discharged.
5. The type of removal treatment, if any, that the water treatment additive receives prior to discharge.
6. The water treatment additive function (i.e., microbicide, flocculant, etc.).
7. A 48-hour LC50 or EC50 for a North American freshwater planktonic crustacean (either Ceriodaphnia sp., Daphnia sp., or Simocephalus sp.).
8. The results of a toxicity test for one other North American freshwater aquatic species (other than a planktonic crustacean) that meets a minimum requirement of Rule 323.1057(2)(a) of the Water Quality Standards. Examples of tests that would meet this requirement include a 96-hour LC50 for rainbow trout, bluegill, or fathead minnow.

The required toxicity information (described in Items 7 and 8 above) is currently available in the Water Bureau files for the water treatment additives listed on the DEQ's Internet page. To access that information, go to <http://www.michigan.gov/deq>, click on "Site Map," at the bottom of the right column under **Water Quality Monitoring**, click on "Assessment of Michigan Waters." Under the **Information** heading, click on the "Water Treatment Additive List." If you intend to use one of the water treatment additives on this list, only the information in Items 1 through 6 above needs to be submitted to the WD.

Note: The availability of toxicity information for a water treatment additive does not constitute approval to discharge the water treatment additive.

10. **WHOLE EFFLUENT TOXICITY TESTS**

Have any acute or chronic WET tests been conducted on any discharges or receiving water(s) in relation to facility discharges within the last three years? If yes, identify the tests and summarize the results on a separate sheet, unless the test has been submitted to the DEQ in the last five years. For assistance in WET testing, see "Whole Effluent Toxicity Test Guidance and Requirements" in the Appendix.

11. **COMPREHENSIVE ANIMAL FEEDING OPERATION (CAFO) INFORMATION.** To be completed by CAFO's only

The applicant shall provide: Specific information about the number and type of animals, and type of housing. The type of containment and storage, and total capacity for CAFO waste storage. CAFO waste storage structure design. The total number of acres under control of the applicant available for land application of CAFO waste. Estimated amounts of CAFO waste generated per year. Estimated amounts of CAFO waste transferred to other persons per year. A list and map(s) showing the location of all land application fields. All potential receiving waters for both the production area and all land application areas. For additional information see "CAFO Guidance and Requirements" in the Appendix..

This completes Section III. Return the completed Application (Sections I and III, and any attachments) to one of the addresses on Page ii of this Application. If assistance is needed to complete this Application, contact the Permits Section.

Michigan Department of Environmental Quality- Water Bureau
WASTEWATER DISCHARGE PERMIT APPLICATION
 SECTION III - Industrial and Commercial Wastewater

B. Outfall Information

Complete a separate Section III.B. - Outfall Information (Pages 25-31) - for each outfall at the facility. Make copies of this blank section of the Application as necessary for additional outfalls.

PLEASE TYPE OR PRINT

FACILITY NAME Former Plainwell Impoundment				NPDES PERMIT NUMBER N/A		OUTFALL NUMBER 005	
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1. OUTFALL INFORMATION - Instructions for this item are on Page 23.

A. Watershed Kalamazoo	HUC Code 04050003				
B. Receiving Water Kalamazoo River					
C. County Allegan	Township				
D. Town	Range	Section	1/4	1/4, 1/4	Private (French) Land Claim)
E. Latitude				Longitude	

F. Type of Wastewater Discharged (check all that apply to this outfall):

☐ Contact Cooling ☐ Groundwater Cleanup ☐ Hydrostatic Pressure Test ☐ Noncontact Cooling Water
☒ Process Wastewater ☐ Sanitary Wastewater ☐ Storm Water - not regulated ☒ Storm Water - regulated
☐ Storm water subject to effluent guidelines: (indicate under which category): _____
☐ Other – specify (see "Table 8 - Other Common Types of Wastewater" - in the Appendix) _____

G. What is the Maximum Design Flow Rate for this outfall: 0.038 to 0.075 MGD

H. What is the Maximum Authorized Discharge Flow for this outfall for the next five years?

Seasonal Dischargers 1.8 MGY (Continue with Item I)
 Continuous Dischargers _____ MGD (Continue with Item J)

I. Seasonal Discharge:

List the discharge periods (by month) and the volume discharged in the space provided below.

From June 2008	Through October 2008	Discharge Volume 1.8 MG	Annual Total
From	Through	Discharge Volume	
From	Through	Discharge Volume	
From	Through	Discharge Volume	

J. Continuous Discharge:

How often is there a discharge from this outfall (on the average)? _____ Hours/Day _____ Days/Year

Batch dischargers are required to provide the following additional information:

Is there effluent flow equalization? ☐ Yes ☐ No

Batch Peak Flow Rate: _____ Number of batches discharged per day: _____

	Minimum	Average	Maximum
Batch Volume (gallons)			
Batch Duration (minutes)			

Michigan Department of Environmental Quality- Water Bureau
WASTEWATER DISCHARGE PERMIT APPLICATION
SECTION III.- Industrial and Commercial Wastewater

B. Outfall Information

PLEASE TYPE OR PRINT

FACILITY NAME Former Plainwell Impoundment	NPDES PERMIT NUMBER N/A	OUTFALL NUMBER 005
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2. **PROCESS STREAMS CONTRIBUTING TO OUTFALL DISCHARGE**

Federal Regulations require that different industries report different information depending on the type facility. The information below is used to determine the applicable federal regulations for this facility. An abbreviated list is in the Summary of Information to be reported by Industry Type section of the Appendix. Applicants are required to provide the name and the SIC or the NAICS code of each process at the facility. Facilities with production-based limits must report an estimated annual production rate for the next five years or the life of the permit. If the wastestream is not regulated under federal categorical standards, the applicant is required to report all pollutants which have the reasonable potential to be present in the discharge. To submit additional information, see Page ii, Item 3.

PROCESS INFORMATION

A. Name of the process contributing to the discharge: Ponded water, wash water, excavation water, and storm water

B. SIC or NAICS code: N/A

C. Describe the process and provide measures of production:
Process waters and collected storm water will be treated by settling, filtration, and carbon adsorption and discharged to the Kalamazoo River. The discharge locations will be determined during construction.

PROCESS INFORMATION

A. Name of the process contributing to the discharge: _____

B. SIC or NAICS code: _____

C. Describe the process and provide measures of production:

PROCESS INFORMATION

A. Name of the process contributing to the discharge: _____

B. SIC or NAICS code: _____

C. Describe the process and provide measures of production:

PROCESS INFORMATION

A. Name of the process contributing to the discharge: _____

B. SIC or NAICS code: _____

C. Describe the process and provide measures of production:

PROCESS INFORMATION

A. Name of the process contributing to the discharge: _____

B. SIC or NAICS code: _____

C. Describe the process and provide measures of production:

Michigan Department of Environmental Quality- Water Bureau
WASTEWATER DISCHARGE PERMIT APPLICATION
SECTION III - Industrial and Commercial Wastewater
B. Outfall Information

INSTRUCTIONS FOR COMPLETING SECTION III B. OUTFALL INFORMATION, ITEM B.3.

In accordance with 40 CFR 122.21, all applicants are required to report CBOD₅, Chemical Oxygen Demand, Total Organic Carbon, Total Suspended Solids, Ammonia as N, Temperature (both summer and winter), and pH. The applicant may, however, request that reporting of data for one or more of these required parameters be waived. Such requests shall be supported by adequate rationale. The request shall be included as an attachment to this Application.

Report available discharge data for the parameters listed in Section III.B.3 of this Application. Actual data shall be provided for existing discharges, and expected or estimated data provided for proposed discharges. Please include an explanation if "Pollution Prevention Measures" are expected to reduce pollutants. Certain types of discharges shall provide a minimum of analytical test data for specific parameters. See "Minimum Analytical Testing Requirements for Various Discharge Requests" in the Appendix for a list of specific discharge types and their specific parameters (e.g., noncontact cooling waters, petroleum groundwater cleanups, etc.). For assistance in determining the appropriate parameters to report, contact the Permits Section. Data for other conventional parameters not listed in Section III.B.3. can be reported on the blank spaces provided. To submit additional information, see Page ii, item 3.

Report all data in the units provided and for the sample types specified in the table. If more than one option is available, check the appropriate box. The units are as follows: µg/l = micrograms per liter, mg/l = milligrams per liter, °F = degrees Fahrenheit, °C = degrees Celsius. **For analytical test requirements, see Page ii, Item 5.**

To analyze for pH, temperature, total residual chlorine, oil and grease, and fecal coliform, use **Grab Samples** unless other frequency-sample type analyses are available. To analyze for total BOD₅, total phosphorus, COD, TOC, ammonia nitrogen, and total suspended solids, use **24-hour composite samples** unless other frequency-sample type analyses are available.

For two or more substantially identical outfalls, permission may be requested from the appropriate district office to sample and analyze only one outfall and submit the results of the analysis for other substantially identical outfalls. If the request is granted by the district office, on a separate sheet attached to the Application, identify which outfall was sampled and describe why the outfalls which were not sampled are substantially identical to the outfall which was sampled. See the Appendix, "Definitions" Section for sampling definitions, including "maximum daily concentration" and "maximum monthly concentration."

REPORTING OF INTAKE DATA

Applicants attempting to demonstrate eligibility for "net" effluent limitations for one or more pollutants are required to report intake water data. A "net" effluent limitation is determined by subtracting the average level of the pollutant(s) present in the intake waters from the average level of the pollutant(s) remaining after treatment. NPDES regulations allow net limitations only in certain circumstances (see 40 CFR, Part 122.45(g)). To demonstrate eligibility, report the average concentration and/or mass of the results of the analyses on the intake water. If the intake water is treated prior to use, report the intake concentrations and/or mass after treatment. In addition to the analytical results, the following information shall be submitted for each parameter:

- a) A statement that the intake water is drawn from the body of water into which the discharge is made. If the discharge is not to the same body of water from which the water is withdrawn, the facility is not eligible for net limitations.
- b) A statement of the extent to which the level of the pollutant in the intake water is reduced by treatment of the wastewater. Limitations for the net removal of pollutants are adjusted only to the extent that the pollutant is not removed.
- c) When applicable (for example, when the pollutant represents a class of compounds, e.g., BOD₅, TSS, etc.), a demonstration of the extent to which the pollutants in the intake vary physically, chemically, and biologically from the pollutants contained in the discharge. Limitations are adjusted only to the extent that the concentrations of the intake pollutants vary from the discharged pollutants.

Note: Applicants for groundwater remediation discharges should also report the intake characteristics of the contaminated groundwater.

Michigan Department of Environmental Quality- Water Bureau
WASTEWATER DISCHARGE PERMIT APPLICATION
 SECTION III - Industrial and Commercial Wastewater

B. Outfall Information

PLEASE TYPE OR PRINT

FACILITY NAME Former Plainwell Impoundment	NPDES PERMIT NUMBER N/A	OUTFALL NUMBER 005
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2. EFFLUENT CHARACTERISTICS - CONVENTIONAL POLLUTANTS - Instructions for this item are on Page 26.

Existing facilities are required to report **data** from effluent analysis for the parameters listed below. **For analytical test requirements, or if alternate test procedures for any parameter listed below have been approved, see Page ii, Item 5**

New facilities are required to provide estimated effluent concentrations for the parameters listed below. (See the Definition Section in the Appendix for sampling definitions, including "maximum daily concentration" and "maximum monthly concentration.")

☐ Check this box if additional information is included as an attachment. To submit additional information, see Page ii, Item 3.

Please Note: Rule 323.1062 allows the use of either Escherichia Coliform Bacteria or Fecal Coliform Bacteria as an indicator that effluent has been disinfected. The Department will use the indicator selected below in the permit issued based on this Application.

☐ Use Escherichia Coliform Bacteria as an indicator of disinfection.

☐ Use Fecal Coliform Bacteria as an indicator of disinfection.

Parameter	Maximum Monthly Concentration	Maximum Daily Concentration	Units	Number of Analyses	Sample Type
Biochemical Oxygen Demand – five day (BOD ₅)			mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
Chemical oxygen demand (COD)			mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
Total organic carbon (TOC)			mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
Ammonia Nitrogen (as N)			mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
Total Suspended Solids			mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
Total Dissolved Solids			mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
Total Phosphorus (as P)			mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
Fecal Coliform Bacteria (report geometric means)		maximum 7-day	counts/100ml		Grab
Escherichia Coliform Bacteria (report geometric means)		maximum 7-day	counts/100 ml		Grab
Total Residual Chlorine			<input type="checkbox"/> mg/l <input type="checkbox"/> µg/l		Grab
Dissolved Oxygen	Do Not Use	minimum daily	mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
pH (report maximum and minimum of individual samples)	minimum	maximum	standard units		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
Temperature, Summer			<input type="checkbox"/> °F <input type="checkbox"/> °C		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
Temperature, Winter			<input type="checkbox"/> °F <input type="checkbox"/> °C		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
Oil & Grease			mg/l		Grab
					<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
					<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
					<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp

Michigan Department of Environmental Quality- Water Bureau
WASTEWATER DISCHARGE PERMIT APPLICATION
SECTION III - Industrial and Commercial Wastewater

B. Outfall Information

PLEASE TYPE OR PRINT

FACILITY NAME Former Plainwell Impoundment	NPDES PERMIT NUMBER N/A	OUTFALL NUMBER 003
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Note: For questions on this page, Tables 1-5 are found in the Appendix.

4. PRIMARY INDUSTRY PRIORITY POLLUTANT INFORMATION

Existing primary industries that discharge process wastewater are required to submit the results of at least one effluent analysis for selected organic pollutants identified in Table 2 (as determined from Table 1, Testing Requirements for Organic Toxic Pollutants by Industrial Category), and all of the pollutants identified in Table 3. Existing primary industries are required to also provide the results of at least one effluent analysis for any other chemical listed in Table 2 known or believed to be present in facility effluent.

In addition, submit the results of all other effluent analyses performed within the last five years for any chemical listed in Tables 2 and 3.

New primary industries that propose to discharge process wastewater are required to provide an estimated effluent concentration for any chemical listed in Tables 2 and 3 expected to be present in facility effluent.

5. DIOXIN AND FURAN CONGENER INFORMATION

Existing industries that use or manufacture 2,3,5-trichlorophenoxy acetic acid (2,4,5-T); 2- (2,3,5-trichlorophenoxy) propanoic acid, (Silvex, 2,3,5-TP); 2-(2,4,5-trichlorophenoxy) ethyl 2,2-dichloropropionate (Erbon); 0,0-dimethyl 0-(2,4,5-trichlorophenyl) phosphorothionate (Ronnel); 2,4,5-trichlorophenol (TCP); or hexachlorophrene (HCP), or knows or has reason to believe that 2,3,7,8-Tetrachlorodibenzo-p-dioxin (TCDD) is present in facility effluent, are required to submit the results of at least one effluent analysis for the dioxin and furan congeners listed in Table 6. All effluent analyses for dioxin and furan congeners shall be conducted using EPA Method 1613.

In addition, submit the results of all other effluent analyses performed within the last five years for any dioxin and furan congener listed in Table 6.

New industries that expect to use or manufacture 2,3,5-trichlorophenoxy acetic acid (2,4,5-T); 2- (2,3,5-trichlorophenoxy) propanoic acid (Silvex, 2,3,5-TP); 2-(2,4,5-trichlorophenoxy) ethyl 2,2-dichloropropionate (Erbon); 0,0-dimethyl 0-(2,4,5-trichlorophenyl) phosphorothionate (Ronnel); 2,4,5-trichlorophenol (TCP) or hexachlorophrene (HCP), or knows or has reason to believe that 2,3,7,8-Tetrachlorodibenzo-p-dioxin (TCDD) is present in facility effluent shall provide estimated effluent concentrations for the dioxin and furan congeners listed in Table 6.

6. OTHER INDUSTRY PRIORITY POLLUTANT INFORMATION

Existing secondary industries, or existing primary industries that discharge non-process wastewater, are required to submit the results of at least one effluent analysis for any chemical listed in Tables 2 and 3 known or believed to be present in facility effluent.

In addition, submit the results of all other effluent analyses performed within the last five years for any chemical listed in Tables 2 and 3.

New secondary industries, or new primary industries that propose to discharge non-process wastewater, are required to provide an estimated effluent concentration for any chemical listed in Tables 2 and 3 expected to be present in facility effluent.

7. ADDITIONAL TOXIC AND OTHER POLLUTANT INFORMATION

All existing industries, regardless of discharge type, are required to provide the results of at least one analysis for any chemical listed in Table 4 known or believed to be present in facility effluent, and a measured or estimated effluent concentration for any chemical listed in Table 5 known or believed to be present in facility effluent. In addition, submit the results of any effluent analysis performed within the last five years for any chemical listed in Tables 4 and 5.

New industries, regardless of discharge type, are required to provide an estimated effluent concentration for any chemical listed in Tables 4 and 5 expected to be present in facility effluent.

8. INJURIOUS CHEMICALS NOT PREVIOUSLY REPORTED

New or existing industries, regardless of discharge type, are required to provide a measured or estimated effluent concentration for any toxic or otherwise injurious chemicals known or believed to be present in facility effluent that have not been previously identified in this Application. Quantitative effluent data that are less than five years old for these chemicals shall be reported.

NOTE: All effluent data submitted in response to questions 4, 5, 6, 7, and 8 above should be recorded on Page 30. To submit additional information, see Page ii, Item 3. If the effluent concentrations are estimated, place an "E" in the "Analytical Method" column. The following fields shall be completed for each data row: Parameter, CAS No., Concentration(s), Sample Type, Analytical Method, Quantification Level, and Detection Level. For analytical test requirements, see Page ii, Item 5.

If Alternate Test Procedures have been approved for any parameter listed above (Items 4 through 8), see Page ii, Item 5 for additional instructions.

Michigan Department of Environmental Quality- Water Bureau
WASTEWATER DISCHARGE PERMIT APPLICATION
 SECTION III - Industrial and Commercial Wastewater

A. Outfall Information

PLEASE TYPE OR PRINT

FACILITY NAME Former Plainwell Impoundment								NPDES PERMIT NUMBER N/A				OUTFALL NUMBER 005			
SAMPLE DATE →															
PARAMETER	CAS No.	Conc. (ug/l)	Conc. (ug/l)	Conc. (ug/l)	Conc. (ug/l)	Conc. (ug/l)	Conc. (ug/l)	Conc. (ug/l)	Conc. (ug/l)	Conc. (ug/l)	Conc. (ug/l)	Sample Type	Analytic Method	QL	DL

Michigan Department of Environmental Quality- Water Bureau
WASTEWATER DISCHARGE PERMIT APPLICATION
SECTION III - Industrial and Commercial Wastewater

B. Outfall Information

PLEASE TYPE OR PRINT

FACILITY NAME Former Plainwell Impoundment	NPDES PERMIT NUMBER N/A	OUTFALL NUMBER 005
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9. WATER TREATMENT ADDITIVES

Water treatment additives include any material that is added to water used at the facility or to wastewater generated by the facility to condition or treat the water.

Approvals of water treatment additives are authorized by the DEQ under separate correspondence. The issuance of an NPDES permit does not constitute approval of the water treatment additives that are included in this Application.

A. Are there water treatment additives in the discharge from this facility?

☐ Yes.

☒ No. Proceed to Question 10.

B. Have these water treatment additives been previously approved?

☐ Yes. Submit a list of the previously-approved water treatment additives and the date on which they were approved. The information listed in Item C., Items 1-8 shall be updated if it has changed since the previous approval.

☐ No. Continue with Item C.

C. Submit a list of water treatment additives that are or may be discharged from the facility. Applicants are required to submit the information listed below for each additive.

0. The water treatment additive Material Safety Data Sheet.
0. The proposed water treatment additive discharge concentration.
0. The discharge frequency (i.e., number of hours per day, week, etc.).
0. The outfall from which the water treatment additive is to be discharged.
0. The type of removal treatment, if any, that the water treatment additive receives prior to discharge.
0. The water treatment additive function (i.e., microbiocide, flocculant, etc.).
0. A 48-hour LC50 or EC50 for a North American freshwater planktonic crustacean (either *Ceriodaphnia* sp., *Daphnia* sp., or *Simocephalus* sp.).
0. The results of a toxicity test for one other North American freshwater aquatic species (other than a planktonic crustacean) that meets a minimum requirement of Rule 323.1057(2)(a) of the Water Quality Standards. Examples of tests that would meet this requirement include a 96-hour LC50 for rainbow trout, bluegill, or fathead minnow.

The required toxicity information (described in Items 7 and 8 above) is currently available in the Water Bureau files for the water treatment additives listed on the DEQ's Internet page. To access that information, go to <http://www.michigan.gov/deq>, click on "Site Map," at the bottom of the right column under **Water Quality Monitoring**, click on "Assessment of Michigan Waters." Under the **Information** heading, click on the "Water Treatment Additive List." If you intend to use one of the water treatment additives on this list, only the information in Items 1 through 6 above needs to be submitted to the WD.

Note: The availability of toxicity information for a water treatment additive does not constitute approval to discharge the water treatment additive.

10. WHOLE EFFLUENT TOXICITY TESTS

Have any acute or chronic WET tests been conducted on any discharges or receiving water(s) in relation to facility discharges within the last three years? If yes, identify the tests and summarize the results on a separate sheet, unless the test has been submitted to the DEQ in the last five years. For assistance in WET testing, see "Whole Effluent Toxicity Test Guidance and Requirements" in the Appendix.

11. COMPREHENSIVE ANIMAL FEEDING OPERATION (CAFO) INFORMATION. To be completed by CAFO's only

The applicant shall provide: Specific information about the number and type of animals, and type of housing. The type of containment and storage, and total capacity for CAFO waste storage. CAFO waste storage structure design. The total number of acres under control of the applicant available for land application of CAFO waste. Estimated amounts of CAFO waste generated per year. Estimated amounts of CAFO waste transferred to other persons per year. A list and map(s) showing the location of all land application fields. All potential receiving waters for both the production area and all land application areas. For additional information see "CAFO Guidance and Requirements" in the Appendix.

This completes Section III. Return the completed Application (Sections I and III, and any attachments) to one of the addresses on Page ii of this Application. If assistance is needed to complete this Application, contact the Permits Section.

Attachment 1

Allied Paper, Inc./Portage Creek/Kalamazoo River Superfund Site Plainwell TCRA

Section I - Item 10. Water Flow Diagram and Narrative Description

In removal areas where the area of adjacent targeted floodplain soils is insufficient to contain drainage operations, the excavated wet sediments will be hauled to facilities designed for gravity draining. At these facilities, the drainage water will be collected, treated, and discharged to the river. Water treatment will include sedimentation, multimedia filtration, and activated carbon adsorption, as described below. The water treatment system, which will have a capacity of 37 gpm, will be trailer- or skid-mounted so it can be easily moved to different staging areas as the removal action progresses to different areas of the river.

Process flow diagrams and material balances for these facilities are shown on Drawing P-1.1.

The locations of staging areas where gravity drainage will take place are shown on Drawing G-4.1. The staging areas, upstream to downstream, are designated 1N, 2S, 3S, 4N, and 5S.

At staging area 5S, a gravity drainage area will be constructed within the staging area with enough space to process the volume of "wet" materials removed over a 3-day period at the maximum excavation rate of 500 cy/day. The materials would be stored in daily piles, and each pile will occupy an area of 62-ft by 62-ft with 1:3 side slopes to a maximum height of 10 ft. Perforated underdrains will collect the gravity drainage, which will be routed to a sump for pumping to the skid- or trailer-mounted water treatment equipment. Treated water will be discharged back into the river.

Solidification of the sediments, if and when required, will be performed within the sediment staging areas. Mixing will be performed by backhoe, and may be carried out at the same time the sediments are loaded into haul trucks for transport to the Allied OU. A 5-day supply of solidification reagent will be stored onsite.

There will also be space at the staging areas for vehicle tire decontamination stations, a storm water retention basin, and vehicle parking areas during transportation down time. A typical layout of sediment staging and water treatment areas are shown on Drawing P-3.1.

A second treatment system will be necessary to handle water generated as a result of dewatering certain areas of the river to allow for excavation in the dry within the Phase 1 and Phase 2 cofferdam excavation areas and decrease the overall depth of water in the areas targeted for sediment removal. This separate water treatment system, which will accommodate a total dewatering rate of 500 gpm, will include chemical treatment (polymers and/or metal coagulants), sedimentation, multimedia filtration, and activated carbon adsorption, as described below.

To the extent practical, sediment excavation inside the Phase 1 and Phase 2 cofferdams is expected to be performed "in the dry," which will require construction dewatering for each removal area to be excavated. After installation of the sheet pile wall for either of the cofferdam structures, the water inside the cofferdam will be decanted over a period of days. The decanted water will be directly discharged downstream until the ponded water elevation nears the sediment surface, at which point the water will be diverted through a treatment system that is separate from (but similar to) the system that will be used to treat water collected during sediment/soil drainage activities.

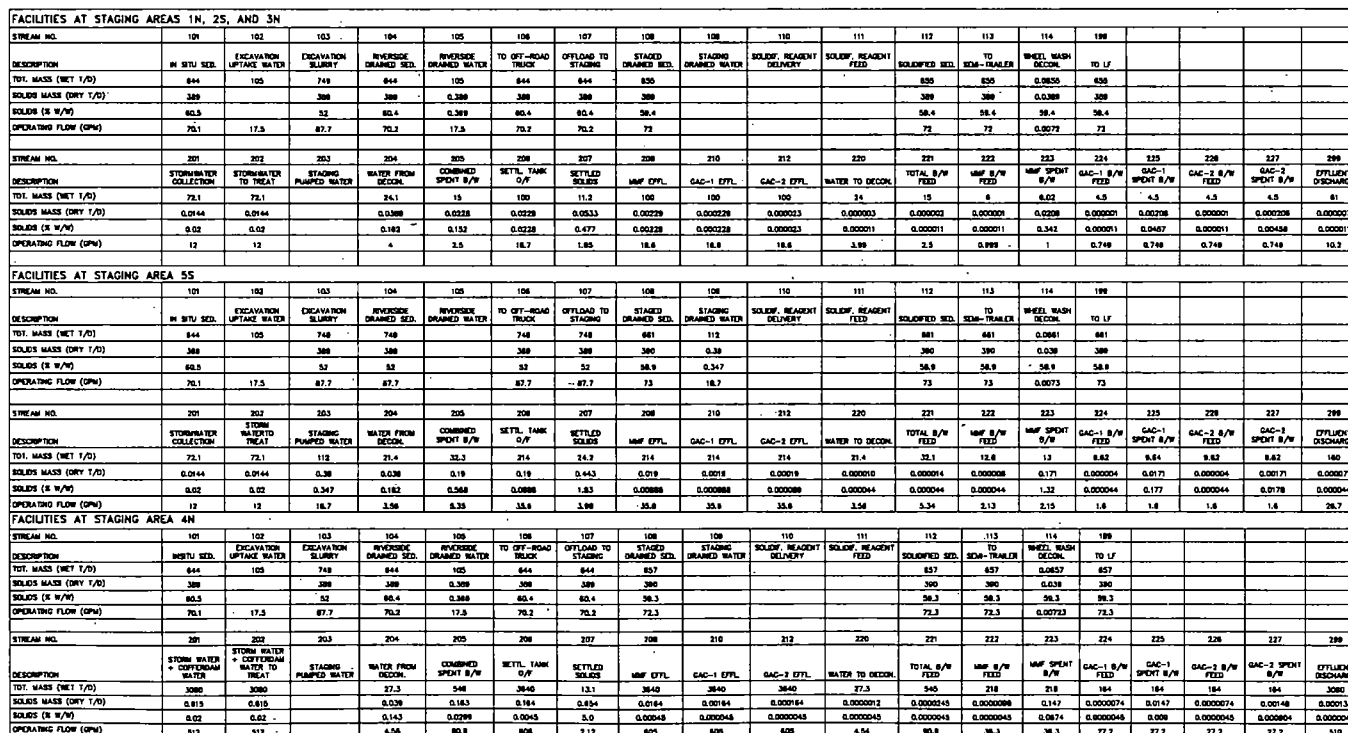
Although river bank and floodplain soils removed above the water table will require minimal drainage or stabilization, it is anticipated that a significant portion of the excavated materials at the Site will require the use of both passive and active measures for water removal to allow for efficient transportation and disposal. Excavated sediments and floodplain soils removed below the water table will contain water due to their in situ saturated environments. Mechanically-excavated sediments will incorporate additional water within the excavator bucket; it is assumed that the excavator bucket will typically contain 80% sediment mixed with 20% water by volume. Also, water from precipitation and storm water flow will require control and potentially additional drainage efforts.

Wet excavated materials will be drained and stabilized at staging areas or adjacent to removal areas through gravity drainage, dry soil mixing, decanting, and the addition of solidification agents. Contractors will use two possible approaches to gravity draining of excavated materials. In removal areas where a sufficient area of floodplain soils that are targeted for removal is available, wet sediments excavated from the adjacent river reach will be placed directly on the floodplain to drain. The water from this drainage will not be collected, but the drainage areas will be enclosed by erosion control measures (e.g., silt fences, hay bales) to control the potential migration of solids away from the floodplain areas targeted for subsequent removal. After drainage of the sediments is complete, the drained sediments and underlying floodplain soils will be excavated and transported for final disposal. Alternatively, in removal areas where there is insufficient area for drainage operations, the excavated materials will be transported to staging areas designed for gravity draining (Drawings G-4.1 and P-3.1). At these facilities, the drainage water will be collected, treated, and discharged to the river. These staging/drainage areas will be bermed and lined with impermeable geosynthetic materials. Temporary erosion controls (e.g., sumps, silt fence material, earthen berms) will be installed to verify that decant water and stormwater runoff from staging areas do not enter the Kalamazoo River in an uncontrolled fashion. Geosynthetic drainage composite materials or perforated pipe underdrains will also be used at material stockpile areas to facilitate the drainage of wet sediments and to manage drainage water.

Solidification agents may include saw dust, fly ash, or cement. Drained sediments will be tested to determine if they pass the Paint Filter Liquids Test (EPA SW-846 Method 9095A). When solidification reagent is needed, it will be added to the drainage pile and mixed using a backhoe. Additional mixing will occur during transfer to transport vehicles, and further mixing will occur during offloading at the landfill and spreading of the offloaded solidified sediment.

Similar to the treatment system used for construction dewatering, the drainage water treatment system will consist of mixing, flocculation, and a settling basin or Baker tanks for settling, followed by multimedia filtration and carbon adsorption. The multimedia filters and carbon adsorbers will be trailer-mounted and capable of movement to different staging areas as the sediment excavation moves to each removal area or support location. Multiple treatment systems may be deployed to support removal actions in more than one place at a time.

EPA method 608
↓
Daily discharge limit $0.20 \mu\text{g/L}$ PCBs
45 milligrams/L for TSS
method 160.2
↓
quantification level not to exceed $0.20 \mu\text{g/L}$
sample daily 3 composite grab



- NOTES:
1. SEE DESIGN REPORT FOR DESCRIPTION OF DESIGN BASIS.
 2. 101 = STREAM NUMBER
 3. B/W = BACKWASH
 4. MMF = MULTI-MEDIA FILTER
 5. GAC = GRANULAR ACTIVATED CARBON
 6. T/D = TONS PER DAY
 7. % W/W = PERCENT BY WEIGHT
 8. GPM = GALLONS PER MINUTE
 9. DECON. = DECONTAMINATION
 10. LF = LANDFILL
 11. O/T = OVERFLOW
 12. SED. = SEDIMENT
 13. SOLIDIF. = SOLIDIFICATION
 14. EFFL. = EFFLUENT

ORIGINAL SCALE APPLIES TO 22"X34" DRAWING

SCALE(S) AS INDICATED

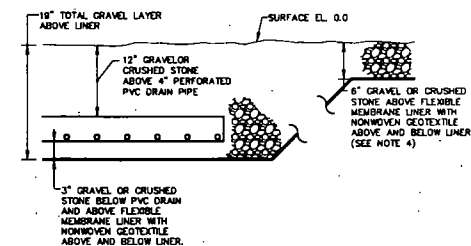
THIS DRAWING WAS PREPARED AT THE SCALE(S) INDICATED.
INACCURACIES IN THE STATED SCALE(S) MAY BE INTRODUCED
WHEN DRAWINGS ARE REPRODUCED.
USE THE GRAPHIC SCALE BAR(S) TO DETERMINE THE
ACTUAL DIMENSIONS OF THIS DRAWING.

Professional Engineer's Name STEPHEN GARBACIAK, JR.			
Professional Engineer's No. 6301046373			
State		Date Signed	
No.	Date	Revisions	Init
NO ALTERATIONS PERMITTED MICHIGAN EXCEPT AS PROVIDED UNDER SECTION 7208			
Project Mgr.		Designed by	Drawn by
			ARS

BBL
an ARCADIS company

KALAMAZOO RIVER STUDY GROUP • ALLIED PAPER, INC./PORTAGE CREEK/KALAMAZOO RIVER SUPERFUND SITE
PLAINWELL TCR4 DESIGN REPORT
**SEDIMENT DRAINAGE AND WATER TREATMENT
PROCESS FLOW DIAGRAM**
MATERIAL STAGING - PROCESSING

BBL Project No. 64530.670
Date NOVEMBER 2006
Blosland, Bouck & Lee, Inc. an Arcadis company 6723 Towpath Road Syracuse, NY 13214 315-444-0170



NOTES:

1. ALL PRESSURE PIPING'S SHOWN ARE 1-1/2" OR 2 INCH P.V.C. OR FLEXIBLE PIPING.
2. INTERNAL PIPING FOR MWF AND GAC TRAILERS TO BE DETERMINED BY CONTRACTOR AND VENDOR.
3. ALL 4-INCH PERFORATED AND NON-PERFORATED PIPING SHALL BE SCHEDULE 40, UNLESS OTHERWISE NOTED.
4. FLEXIBLE MEMBRANE LINERS SHOWN SHALL BE 30 MIL THICK, NON-WEAVER TEXTILE SHALL BE MIRA11 1120N, OR EQUAL.
5. THIS DRAWING WAS PREPARED FOR STAGING AREA 1A, LAYOUTS AND PLACEMENT OF EQUIPMENT WILL BE BASED ON STAGING AREAS 2A, 3A, 4A AND 5A. SEE DRAWINGS P-2.2 TO P-2.4.
6. POWER TO OPERATE PUMPS AND OTHER EQUIPMENT IN THE STAGING AREA IS TO BE PROVIDED BY A PORTABLE ELECTRIC GENERATOR TO BE PROVIDED BY CONTRACTOR.
7. THE BACKWASH WATER TANK WILL BE FILLED WITH RIVER WATER, AS NEEDED, TO PROVIDE WATER FOR DECONTAMINATION.
8. MWF = MULTI-MEDIA FILTER
9. GAC = GRANULAR ACTIVATED CARBON
10. EL. = ELEVATION

Professional Engineer's Name STEPHEN GARBACIAK, JR.		
Professional Engineer's No. 6201046373		
State MICHIGAN	Date Signed	
Project Mgr.	Designed by	Drawn by



MATERIAL STAGING - PROCESSING

BBL Project No 64530 670
Date NOVEMBER 2006
Biosland, Bouck & Lee, Inc. an Arcadis company 6723 Towpath Road Syracuse, NY 13214 315-466-8170

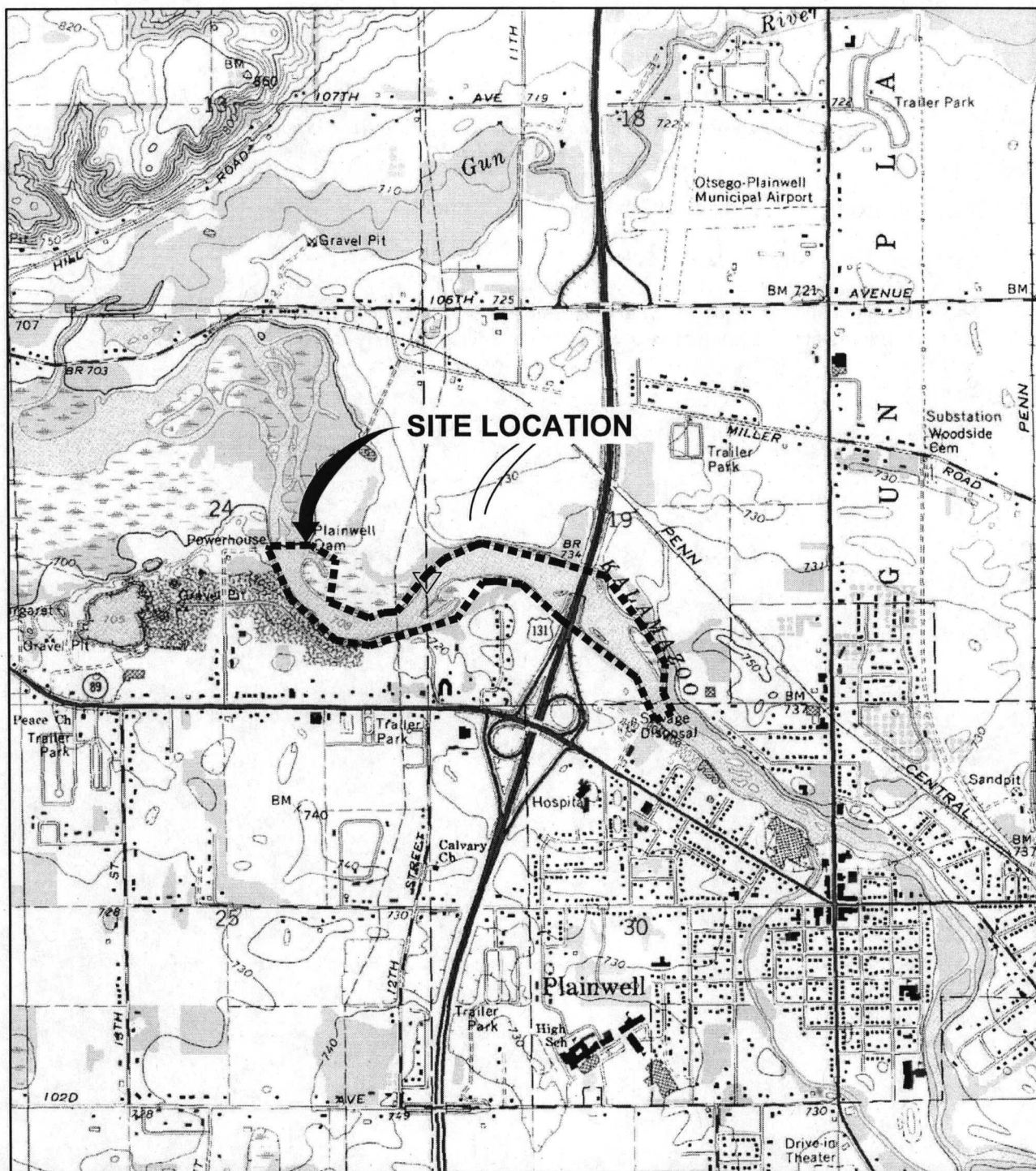
Attachment 2

*Allied Paper, Inc./Portage Creek/Kalamazoo River Superfund Site
Plainwell TCRA*

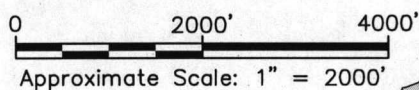
Section I - Item 11. Map of Facility and Discharge Location

The Site Location Map is attached as Figure 1-1.

The locations of staging areas where gravity drainage will take place are shown on attached Drawing G-4.1. The staging areas, upstream to downstream, are designated 1N, 2S, 3S, 4N, and 5S.



REFERENCE: USGS QUADS., 7.5 MIN. SERIES, DRG TOPOGRAPHIC MAP - ALLEGAN COUNTY, KALAMAZOO MICHIGAN.



DRAFT
NOT FOR CONSTRUCTION
PRIVILEGED AND CONFIDENTIAL
MEDIATION CONFIDENTIAL

KALAMAZOO RIVER STUDY GROUP
ALLIED PAPER, INC./PORTAGE CREEK/KALAMAZOO
RIVER SUPERFUND SITE
PLAINWELL TCRA DESIGN REPORT

SITE LOCATION MAP

BBL
an ARCADIS company

FIGURE
1-1

Attachment 3

Allied Paper, Inc./Portage Creek/Kalamazoo River Superfund Site
Plainwell TCRA

Section I - Item 13. Adjacent Property Owners

PARCEL ID	ACRES	OWNER	ADDRESS	OWNER CITY	STATE	OWNER ZIP	CAREOF	ADDRESS1	DISTRICT	ZONING	CLASS	ASSESSMENT	LIBER PAGE	TAX NAME	TAX CAREOF	ADDRESS1	TAX CITY	TAX STATE	TAX ZIP	DEED ACRES	BSA ACRES
08-019-005-00	30.13	PLAINWELL GROUP LLC	4368 LIBERTY SQUARE SW	GRANDVILLE	MI	49418		1150 MILLER RD	03010		401	44,700	1676/452							0.00	48.07
08-019-008-00	79.51	PLAINWELL GROUP LLC	4368 LIBERTY SQUARE SW	GRANDVILLE	MI	49418		1170 MILLER RD	03010		401	115,600	1676/452							0.00	64.99
08-019-010-00	79.51	PLAINWELL GROUP LLC	4368 LIBERTY SQUARE SW	GRANDVILLE	MI	49418		1170 MILLER RD	03010		401	115,600	1676/452							0.00	64.99
08-019-015-00	2.40	CONSUMERS ENERGY	4000 CLAY AVE SW PO BOX 201	GRAND RAPIDS	MI	49501-0201	TAX DEPARTMENT	MILLER RD	03010		301	1,700								0.00	0.00
08-019-011-00	22.18	MEIJER INC	2929 WALKER AVE NW	GRAND RAPIDS	MI	49544		1195 M-89	03010		201	6,757,000	1863/613							0.00	4.25
08-019-016-00	1.97	MEIJER, INC	2929 WALKER AVE NW	GRAND RAPIDS	MI	49544		460 RIVER RD	03010		202	300	2003/788							0.00	0.00
08-019-019-00	1.51	MEIJER, INC	2929 WALKER AVE NW	GRAND RAPIDS	MI	49544		460 RIVER RD	03010		202	300	2003/788							0.00	0.00
08-019-026-00	2.22	MICHIGAN DEPT OF NATURAL RESOURCES	PO BOX 30735	LANSING	MI	48909-8235	PAYMENTS IN-LIEU OF TAXES PROGRAM	480 S 131 (ISLAND)	03010		701	0								0.00	0.00
17-023-007-00	5.91	MENASHA 1980 CORP	120 FARMER ST	OTSEGO	MI	49078			03020		401	9,100								0.00	0.00
17-023-008-00	4.36	LYNCH JOHN SR	1426 106TH AVE	OTSEGO	MI	49078-8700	DAWN MATYSIK TRUSTEE	1432 106TH AVE	03020		401	40,100								0.00	0.00
17-023-009-00	4.03	MATYSIK DAWN	1426 106TH AVE	OTSEGO	MI	49078-8700		1426 106TH AVE	03020		401	62,500	1836/725							0.00	0.00
17-023-012-00	2.09	TOWN JEFFREY	1412 106TH AVE	OTSEGO	MI	49078		1412 106TH AVE	03020		401	45,300	1263/496							0.00	0.00
17-023-013-00	4.88	MAXWELL AARON E & KRISTINA L	1402 106TH AVE	OTSEGO	MI	49078		1402 106TH AVE	03020		401	77,400	2842/203							0.00	0.00
17-023-014-00	12.00	OTSEGO WATER POWER CO		OTSEGO	MI	49078			03020		701	0								0.00	0.00
17-023-017-00	4.57	HARRINGTON RICHARD & PAMELA	1365 HAZELWOOD	PLAINWELL	MI	49080	HARRINGTON AUTO SERVICE	1437 M-89 HWY	03020		201	120,100	1470/362							0.00	0.00
17-023-018-00	12.54	CORRADINI DENNIS & NANCY	408 CONFERENCE	OTSEGO	MI	49078		1431 M-89 HWY	03020		401	23,300	2030/428							0.00	0.00
17-024-008-00	107.21	FOSTER ROBERT	6305 GULF DR N	BRADENTON BEACH	FL	34217-1863		1224 MILLER RD	03020		401	67,900	1095/523							0.00	83.00
17-024-008-00	107.21	FOSTER ROBERT	6305 GULF DR N	BRADENTON BEACH	FL	34217-1863		1224 MILLER RD	03020		401	67,900	1095/523							0.00	83.00
17-024-008-00	107.21	FOSTER ROBERT	6305 GULF DR N	BRADENTON BEACH	FL	34217-1863		1224 MILLER RD	03020		401	67,900	1095/523							0.00	83.00
17-024-008-00	107.21	FOSTER ROBERT	6305 GULF DR N	BRADENTON BEACH	FL	34217-1863		1224 MILLER RD	03020		401	67,900	1095/523							0.00	83.00
17-024-008-00	12.57	FOSTER SHIRLEY	1222 MILLER RD	PLAINWELL	MI	49080		1222 MILLER RD	03020		401	58,700	1288/184							0.00	10.40
17-024-020-00	7.77	CONSUMERS ENERGY	ONE ENERGY PLAZA	JACKSON	MI	49201-9938	PROPERTY ACCOUNTING EP9-282	106TH AVE	03020		301	8,900								0.00	7.94
17-024-020-00	7.77	CONSUMERS ENERGY	ONE ENERGY PLAZA	JACKSON	MI	49201-9938	PROPERTY ACCOUNTING EP9-282	106TH AVE	03020		301	8,900								0.00	7.94
17-024-025-00	3.68	RIEDEL RUTH VERONICA TRUST	1339 106TH	OTSEGO	MI	49078		1339 106TH	03020		401	57,700								0.00	3.88
17-024-026-00	3.12	STARR DAVID & HEATHER	1344 106TH AVE	OTSEGO	MI	49078		1344 106TH AVE	03020		401	54,200								0.00	2.50
17-024-036-00	146.10	OTSEGO WATER POWER CO		OTSEGO	MI	49078			03020		701	0								0.00	0.00
17-024-047-00	24.31	PLAINWELL PAPER CO	PO BOX 385	PLAINWELL	MI	49080		200 ALLEGAN ST	03020		301	62,400								0.00	29.92
17-024-047-00	24.31	PLAINWELL PAPER CO	PO BOX 385	PLAINWELL	MI	49080		200 ALLEGAN ST	03020		301	62,400								0.00	29.92
17-024-069-00	3.05	T.L.C. DEVELOPERS LLC	3054 S 9TH STREET	KALAMAZOO	MI	49009		1285 W M-89 HWY	03020		201	395,600	1853/732							0.00	0.00
17-024-073-00	19.25	AGGREGATE INDUSTRIES	6401 GOLDEN TRIANGLE DR., STE 400	GREENBELT	MD	20770	ATTN: PHILIP HANCOCK	465 12TH ST	03020		201	80,000	1328/238							0.00	28.91
17-024-074-00	2.84	WOLKOW LUMBER CO	407 N CLINTON AVENUE	SAINT JOHNS	MI	48879	TERRY O'TOOLE	1277 M-89 HWY	03020		201	475,000	2640/779							0.00	2.78
17-024-078-00	3.25	A.C. GEENEN ASSOCIATES II	12 WEST 8TH ST, SUITE 250	HOLLAND	MI	49423		1221 M-89 HWY	03020		201	949,300	2399/187							0.00	5.01
17-024-078-10	1.87	A.C. GEENEN ASSOCIATES II	12 WEST 8TH ST, SUITE 250	HOLLAND	MI	49423		M-89 HWY	03020		201	24,000	2399/187							0.00	0.00
17-024-084-00	4.68	A.C. GEENEN ASSOCIATES II	12 WEST 8TH ST, SUITE 250	HOLLAND	MI	49423		M-89 HWY	03020		201	26,200	2399/187							0.00	6.23
17-024-086-00	1.93	CONSUMERS ENERGY	ONE ENERGY PLAZA	JACKSON	MI	49201-9938	PROPERTY ACCOUNTING EP9-282		03020		301	42,800								0.00	2.28
17-024-087-00	8.16	A.C. GEENEN ASSOCIATES II	12 W 8TH ST, STE 250	HOLLAND	MI	49423-3179		1221 M-89 HWY	03020		201	3,236,100	2399/187	THE HOME DEPOT USA INC	PROPERTY TAX DEPT	PO BOX 105842	ATLANTA	GA	30348-5842	0.00	6.00
17-024-090-00	1.96	AGGREGATE INDUSTRIES	6401 GOLDEN TRIANGLE DR., STE 400	GREENBELT	MD	20770	ATTN: PHILIP HANCOCK	12TH ST	03020		201	28,300	1283/177							0.00	1.65
17-024-092-10	4.65	MEIJER INC	2929 WALKER AVE NW	GRAND RAPIDS	MI	49544		M-89 HWY	03020		201	48,000								0.00	5.00
17-024-093-00	34.72	CONSERVATION DEPT	STATE OF MICH	LANSING	MI	48909			03020		701	0								0.00	0.00
17-024-094-00	3.97	CONSERVATION DEPT	STATE OF MICH	LANSING	MI	48909			03020		701	0								0.00	0.00
17-024-095-00	0.14	CONSUMERS ENERGY	ONE ENERGY PLAZA	JACKSON	MI	49201-9938	PROPERTY ACCOUNTING EP9-282		03020		301	900								0.00	0.14
17-024-096-00	3.30	CONSERVATION DEPT	STATE OF MICH	LANSING	MI	48909			03020		701	0								0.00	0.00
54-023-020-00	16.83	OTSEGO WATER POWER CO	117 E ORLEANS	OTSEGO	MI	49078		117 E ORLEANS	03020		701	0								0.00	0.00
54-023-030-00	19.41	MENASHA PACKAGING COMPANY LLC	320 N FARMER	OTSEGO	MI	49078	ATTN: LEN HATTON	320 N FARMER	03020		301	3,976,500	2169/678							0.00	0.00
54-023-033-00	6.11	CITY OF OTSEGO	117 E ORLEANS	OTSEGO	MI	49078		210 N FARMER	03020		701	0								0.00	0.00
54-023-226-00	41.36	CITY OF OTSEGO	117 E ORLEANS	OTSEGO	MI	49078		605 E ALLEGAN	03020		701	0								0.00	0.00
55-019-005-00	73.94	BAKEMIA EXCAVATING INC	1500 RIVER STREET	KALAMAZOO	MI	49048		701 N MAIN ST	03010		C	302	101,200	2301/353						0.00	50.62
55-019-005-20	6.85	KEELER BRAD	325 1ST AVE	PLAINWELL	MI	49080			03010		C	000	0	2509/707						0.71	0.00
55-019-261-00	7.06	ROLFE FAMILY TRUST	6220 NANTUCKET LANE	KALAMAZOO	MI	49009		439 RIVER ST	03010		R	301	41,000	2549/801						0.00	5.99
55-019-262-00	12.86	CITY OF PLAINWELL	141 N MAIN STREET	PLAINWELL	MI	49080		670 ALLEGAN ST	03010		C	701	0							0.00	3.82
55-019-262-10	3.82	CONSUMERS ENERGY	212 WEST MICHIGAN AVE	JACKSON	MI	49201		690 ALLEGAN ST	03010		C	302	21,600							0.00	3.82
55-030-075-10	1.52	KEELER BRAD	325 1ST AVE	PLAINWELL	MI	49080			03010		C	000	0	2509/707						1.52	0.00
55-030-075-00	2.63	PLAINWELL PAPER CO	3601 MINNESOTA DRIVE-SUITE 800	EDINA	MN	55435	JEFFREY A ARNESEN	180 MICHIGAN AV	03010		C	301	3,200							0.00	2.13
55-030-078-00	4.04	PLAINWELL PAPER	3601 MINNESOTA DRIVE-SUITE 800	EDINA	MN	55435	JEFFREY A ARNESEN	170 PROSPECT ST	03010		C	301	4,000							0.00	1.81
55-030-089-50	6.95	CITY OF PLAINWELL-126 FAIRLANE	126 FAIRLANE ST	PLAINWELL	MI	49080	DEPT OF PUBLIC WORKS AREA		03010		C	701	0							0.00	0.00
55-120-039-00	0.25	FULLER S KEITH	213 W FIRST AV	PLAINWELL	MI	49080		213 W FIRST AV	03010		C	401	43,900	1592/978						0.00	0.30
55-120-040-00	0.39	GOOLSBY GERALD & PATRICIA	221 W FIRST AV	PLAINWELL	MI	49080		221 W FIRST AV	03010		C	401	55,600	1045/686	GOOLSBY GERALD & PATRICIA	221 W FIRST AVE	PLAINWELL	MI	49080	0.00	0.50
55-120-040-50	0.44	HENDERSON ROLINE TRUST	233 W FIRST AV	PLAINWELL	MI	49080		233 W FIRST AV	03010		C	401	50,500	2692/983						0.00	0.52
55-120-041-00	0.56	MARTINSON KRISTINE B	239 W FIRST AV	PLAINWELL	MI	49080		239 W FIRST AV	03010		C	401	65,600	2514/761						0.00	0.55
55-120-041-50	0.57	ROBINSON ALLEN K & JOANN	249 W FIRST AV	PLAINWELL	MI	49080		249 W FIRST AV	03010		C	401	56,300	2481/184						0.00	0.64
55-120-042-00	0.52	KEELER ROBERT & THELMA TRUST	933 W	KALAMAZOO	MI	49009-6317		311 W FIRST AV	03010		C	402	12,800	2588/56						0.00	0.54
55-120-042-10	0.54	PETERSON STEVEN & MARIA	305 W FIRST ST	PLAINWELL	MI	49080		305 W FIRST AV	03010		C	401	35,600	2577/854						0.00	0.51
55-120-044-00	2.04	KEELER BRADLEY	325 W FIRST AV	PLAINWELL	MI	49080		325 W FIRST AV	03010		C	401	61,200	1629/50						0.00	1.51
55-289-013-00	3.18	PLAINWELL PAPER CO	3601 MINNESOTA DRIVE - SUITE 800	EDINA	MN	55435	JEFFREY A ARNESEN	175 PROSPECT ST	03010		C	301	3,000							0.00	1.98

Attachment 4

***Allied Paper, Inc./Portage Creek/Kalamazoo River Superfund Site
Plainwell TCRA***

Section III . A. - Item 2. B.

Process Wastewater is the net discharge of treated sediment drainage water after recycle streams for filter backwashing and vehicle decontamination have been removed.

Regulated Storm Water is the treated discharge of stormwater runoff from sediment staging and processing areas which has been collected in the Storm Water Retention Basin(s).

Other (Dewater Cofferdams) is the removal of infiltration water within the cofferdams (with treatment, if necessary) to allow excavation in the dry for sediments behind the Plainwell dam.

Attachment 5

*Allied Paper, Inc./Portage Creek/Kalamazoo River Superfund Site
Plainwell TCRA*

Section III . B. - Item 1. G.

Anticipated discharge flow rates will vary throughout the construction period, depending upon the nature and locations of the excavation activities. Drained water volumes will vary, depending on the processing of floodplain soils or excavated submerged sediments. The storm water component will depend on the rainfall amount during the construction season. Wash water usage will vary as a result of the number of trucks entering or leaving the processing area.

Attachment 6

*Allied Paper, Inc./Portage Creek/Kalamazoo River Superfund Site
Plainwell TCRA*

Section III . B. - Item 3.

Discharge monitoring will consist of determining concentration levels of polychlorinated biphenyls (PCBs) and total suspended solids (TSS). The PCB concentrations of waters undergoing treatment will vary as a result of the concentrations in sediments being processed. In general, PCBs are associated with solids; processes which remove suspended solids will remove most of the PCBs.

A waiver is requested for all constituents and parameters other than PCB and TSS. Pollution Prevention measures will be implemented, and will consist of filtration and liquid-phase granular activated carbon adsorption. The filtration process will provide suspended solids removal, while the subsequent liquid-phase granular activated carbon adsorption process will remove organic constituents.

Attachment 7

*Allied Paper, Inc./Portage Creek/Kalamazoo River Superfund Site
Plainwell TCRA*

Section III . B. - Items 4. through 10.

Samples of sediments and waters were analysed as part of the Remedial Investigation for the Allied Paper, Inc./Portage Creek/Kalamazoo River Superfund Site. Geotechnical properties of sediments have also been measured during these studies. The Human Health and Ecological Risk Assessments indicated that PCBs are the primary chemical stressors at the site.